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ABSTRACT

The 1973 National Training Workshop on Head Start Services to Handicapped Children focused on exchanging information concerning local implementation of a Congressional mandate to integrate handicapped children into the Head Start program. The document includes excerpts from major addresses on accountability and upgrading the quality of the Head Start program and on Head Start's approach to mainstreaming handicapped children; from an open discussion session; from a slide presentation emphasizing each child's unique individuality; and from a panel discussion about identification and utilization of such resource centers as the Council for Exceptional Children. Summaries are presented of the conference's 15 training and technical assistance workshops on the following subjects: needs assessment, recruitment, social services, improving staff attitudes, regional office planning, summer and full year programs, a training symposium, cooperative programs, the role of voluntary agencies in training, and demonstration projects in Seattle, St. Paul, Anchorage, Chapel Hill, Portage (Wisconsin), and Athens (Georgia). Most participants evaluated the conference positively. A roster of participants and a list of five films (with sources) shown during the conference are appended. (LH)

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PROCEEDINGS

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NATIONAL TRAINING WORKSHOP ON HEAD START SERVICES TO HANDICAPPED CHILDREN

ST. LOUIS, MISSOURI MAY 22-24, 1973

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF HUMAN DEVELOPMENT / OFFICE OF CHILD DEVELOPMENT

FOREWORD

The Office of Child Development, in conjunction with numerous federal, state, and local agencies and organizations, is involved in a major undertaking--that of "mainstreaming" preschool handicapped children from low income families. This involves providing appropriate child development experiences and services for cligible handicapped children in settings with nonhandicapped children.

Much of this task requires an extensive training program for Head Start staff and parents. The National Training Workshop on Head Start Services to Handicapped Children held in St. Louis in May 1973 was designed to assist the OCD Regions in finalizing regional and local plans for implementation of the 1972 Amendments to the Economic Opportunity Act requiring at least 10 percent of national Head Start enrollment opportunities be available for handicapped children.

The enthusiasm and support of the participants in this workshop, when translated to local Head Start programs, will assist us in successfully implementing this mandate.

We are indebted to a number of people for their help in making this publication possible. I hope you will find in these proceedings information that is useful for your own program.

Sincerely,

Saul R. Rosoff

Saul R. Rosoff
Acting Director
Office of Child Development

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Office of Child Development

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INTRODUCTION

This document describes the proceedings of the First National Training Workshop on Head Start Services to Handicapped Children held in St. Louis, Missouri, May 22-24, 1973.

The purpose of this publication is twofold. First, it serves as a record of the workshop events and helps to crystallize the commitments made by the conference participants to integrate handicapped children effectively into the Head Start program. Second, it will serve as a resource handbook or reference manual for the many persons who were unable to attend the conference, but are a vital part of Head Start throughout the nation.

A Congressional mandate provided the rationale and the theme of the conference. This new requirement was embodied in the Economic Opportunity Act Ammendments of 1972 (P. L. 92-424), which included in Section 3(b)(2) the following provision:

"The Secretary of Health, Education, and Welfare shall establish procedures designed to assure that not less than 10 per centum of the total number of enrollment opportunities in the Nation in the Headstart program shall be available for handicapped children (as defined in paragraph (1) of section 602 of the Elementary and Secondary Education Act of 1965, as amended)* and that services shall be provided to meet their special needs."

*This includes mentally retarded, hard of hearing, deaf, speech imapired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services.

Other provisions germane to the program and to the conference require that:

- No child already participating in Head Start should be excluded from the program in the course of enrolling and serving children with special needs.
- The Secretary shall report to the Congress on the status of handicapped children in Head Start programs within six months after enactment, and at least annually hereafter. Such reports are expected to address the "status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children.

The most significant portions of the conference involved the exchange of information related to local implementation of the Congressional mandate.

More than 170 persons from all over the nation attended the conference. Representatives were present from each of the 10 HEW Regions and the Indian and Migrant Division, National Voluntary Agencies dedicated to working with handicapped children, National OCD staff, and other federal agencies involved with handicapped children. State and local government agencies, volunteer groups, and organizations from the private sector were represented.

Chapter 1 contains exerpts from the major addresses to the conference by: Linda A. Randolph, M. D., Director of Health Services for the Office of Child Development, as well as Project Director for

Head Start Services to Handicapped Children; Mr. James L. Robinson, Director of Project Head Start; and Mr. Raymond C. Collins, Chief of Program Development and Innovation Division (PD&I), Office of Child Development. This chapter concludes with a slide presentation, "These Are the Children," by Dr. Jenny W. Klein, Director of the Educational Services, PD&I, Office of Child Development.

Chapter 2 of the volume contains the proceedings of the conference, including:

- Resources: Identification and Utilization -- an all conference panel discussion chaired by Ms. Jean Nazzaro, Council for Exceptional Children; and
- Summaries of the Second and Third Day Concurrent Training and Technical Assistance Workshops.

Chapter 3 presents a summation of the conference evaluation forms completed by participants.

The appendices include a roster of participants and a list of films shown during the conference.

1
HIGHLIGHTS OF THE OPENING SESSION

Conference activities were opened with a welcoming statement by Mr. Hugh H. Liston, Deputy General Manager of the Human Development Corporation of Metropolitan St. Louis. Dr. Linda Randolph, Director of Health Services for the Office of Child Development and Project Director for Head Start Services to Handicapped Children, then described the goals and objectives of the workshops.

Following Dr. Randolph, the conferees heard Mr. James L. Robinson, Director of Project Head Start, Office of Child Development, outline past, current, and future issues related to the Head Start program.

The next speaker was Mr. Raymond C. Collins, Chief of the Program Development and Innovation Division (PD&I), Office of Child Development, who spoke of "Head Start's Approach to Mainstreaming Handicapped Children."

This session was concluded with open discussion led by Dr. Randolph and Mr. Collins.

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Linda A. Randolph, M. D.

Dr. Randolph introduced some of the people who would be assisting her in the administration and coordination of workshop activities and arrangement of facilities. She presented Mr. Sam Dennis and Mr. Luke Henderson from Verve Research Corporation, and noted that Ms. JoAnn Hairston was at the conference registration booth. She explained that these three persons would be in charge of all administrative aspects of the conference.

She also mentioned that members of her staff would serve as coordinators and facilitators. She introduced Dr. Richard Lohkamp, Mrs. Nora Gibson, Mr. Raymond Keith, Mr. Jerry Lapides, and Mr. Earl Harris, all of whom were available to assist in the workshops and to answer questions.

Dr. Randolph acknowledged the presence of representatives from numerous agencies and organizations. These included persons from federal, state, and local levels of government as well as from professional and voluntary organizations that provide services for handicapped children.

Four goals of the workshop were enumerated:

- To clarify national policy on Head Start services to handicapped children as defined in policy issuance OCD Notice N-30-333-1.
- To enable regional personnel and other groups to interact in order to identify resources and exchange ideas and experiences on good program design and delivery.
- To explore ways of developing and reviewing local program plans.
- To clarify the summer guidelines and their use in subsequent planning.

She explained that each of the various workshops--all meeting concurrently--would be composed of a

chairperson, a representative selected by every region, and resource personnel from federal, state, and voluntary organizations. Each regional group was requested to submit to Dr. Randolph an outline of the next steps to be taken in that region to further the implementation of this effort. These next steps were to augment training and technical assistance plans already developed by each region with new information and ideas resulting from the conference.

Dr. Randolph described the presence of each conference representative as an indication of a commitment on the part of the agency represented to assist local Head Start programs in the implementation of the legislative mandate to serve handicapped children.

She concluded by introducing Mr. James L. Robinson, Director of Project Head Start, Office of Child Development.

James L. Robinson
Director of Project Head Start
Office of Child Development
Washington, D.C.

I suspect that this training workshop represents for all of us another critical juncture in the life of Project Head Start. As most of you know, this program has experienced more than just a few difficult hurdles over the eight years of its existence. When we look at the history of Head Start, we find that, with almost clocklike precision, new and difficult kinds of hurdles do appear, hurdles that frequently go to the very essence of the program's existence. Justification for Head Start has all too often in the past been called into question. I think that it would not be difficult to write a book on the many crises in the life of Project Head Start. Crises notwithstanding, the program has survived over the years and, more than that, the program has flourished. I believe that, at the present time, Head Start is serving our children as effectively and honestly as it has at any point in its existence, and still it is improving.

Challenges of the Coming Year

However, the year ahead, fiscal year 1974, is an important year for us. It will be almost critical from the perspective that many questions are being raised about the program that will have to be answered in the months ahead--questions concerning the quantifiable impact of Head Start on children, on their families, and on the communities from which they come. Another way of saying this is that people are asking whether or not the program is succeeding in what it was originally designed to do and, more than that, does the original design still . . . is it relevant after so many years? (A very important question.) Where is the evidence to support what we believe has happened for children in Head Start? There is the question of the justification for continuing to serve only a fraction of the population eligible for Head Start over the country. How do you justify serving 15 percent of the children who need the program? There is also the very interesting question of whether or not Head Start is a demonstration activity or is it an operational program? Of course, if you say yes, it is a demonstration activity, the question will almost always come back as to how long such a demonstration should continue. What do you have in mind by way of summing up and wrapping up? There is also the important question of the appropriate federal role in child care and in child development. Once you define what the federal role should be, the question becomes: How does Head Start fit into the scheme of what the federal role should be? Ad infinitum.

These are tough questions, but good questions. They're relevant questions that we have to be prepared to answer. These questions come from a variety of sources. Similar ones were raised with us when we were before the House Appropriations Subcommittee about five weeks ago. We will most likely encounter them again when we testify before the Senate Appropriations Subcommittee in a couple of weeks. These searching questions were raised by the General Accounting Office, and also as we talked to the Office of Management and Budget, the people who control the purse strings for federal programs. Similar questions have been asked by the top management team in the Department of Health, Education, and Welfare. I reiterate, they are tough questions but good ones.

To prepare for these questions and to ensure that the children are well served, the Office of Child Development has a number of new initiatives and new efforts underway. The major program thrust comes under the heading of Head Start Improvement and Innovation. This, as you know, has been underway for more than a year. The Head Start I&I effort is the umbrella under which a variety of program changes, all designed to enhance the effectiveness of the program, will occur. Improved performance standards are being put into effect. Community needs assessment instruments are being developed.

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A new full-day policy must be adopted by all programs. The creation of individual child needs assessment capability is in process. A choice of program models, including a locally designed model, is now available to all Head Start programs. Furthermore, important experimental activities will also be subsumed under the I&I effort. All of the program improvement and innovation activities will be subjects for comprehensive evaluations.

Upgrading the Quality of the Program: A Demanding Goal

All of this is being done in an effort to improve the quality of services delivered to our children. It is important to answer the questions that have been raised about Head Start, but I honestly feel that there is nothing we will do in FY 1974 that will have more significance for us in OCD, particularly for Head Start, than our ability to serve well the needs of handicapped children. Therefore, this National Training Workshop is critical for us in that it will help us leap another hurdle with room to spare. The Congressional mandate to serve at least 10 percent of handicapped children, given in the Economic Opportunity Act as amended in 1972, is an enormous responsibility for us. However, by virtue of the fact that there are so many of you here from other agencies, both federal and state, as well as voluntary and private organizations, indicates two things: (1) that you understand the seriousness of what we are about to undertake, and (2) that we are fully aware of the fact that we cannot do it alone and we need your help, knowledge, and cooperation.

We are embarking on what I consider to be one of the most demanding tasks ever undertaken within Head Start. We embark on this with some anxious moments but with much hope and faith--faith in the OCD staff headquarters and regions, and faith in local program personnel who will ultimately have the responsibility for making it all happen.

As important as our ability to answer the questions that have been raised on accomplishments of the past will be our ability to serve well the several hundred thousand children who come to us in FY 74, and the several thousand children who will come to us with a variety of handicapping disabilities. There is a lot at stake, but I'm encouraged. I am more than encouraged, I am optimistic, that what will come out of the conference here, the workshop, will be clear guidance--guidance and preparation that will provide that, as the children enter programs this summer and as they come into programs in the fall, without question they will get the very best help and service we can provide.

Thank you very much for coming and I wish you well in all of your work here. Just remember that we are depending on you, but more importantly, so are several thousand handicapped preschool children.

Raymond C. Collins
Chief of the Program Development and Innovation Division
Office of Child Development
Washington, D.C.

Today, I would like to share some thoughts with you about Head Start's approach to mainstreaming preschool handicapped children as a basis for providing you with a strategic context for the more specific discussions during the workshop. I will review the background and nature of Head Start's policy and program plans on this issue, and discuss some of the long-term implications. There are profound implications for Head Start, for your groups and organizations, for public schools, and for other organizations concerned with handicapped children, and indeed with all children. Most important of all are the implications for the children and their families.

Basically, I plan to deal with five topics. First, why Head Start? Why did the Congress lay this mandate on Head Start? And in this context, to provide background on Head Start and its involvement to date with handicapped children, there will be a dicusssion of the legislative mandate itself. Secondly, what's happening now? What services to handicapped children is Head Start now providing, and what had been provided up to the time that the legislation was enacted? Where we are starting from is an important indicator of where we should be going. Thirdly, what are Head Start's policies and plans? Some key materials have already been provided you, and I will try to highlight the most important points. Fourthly, what are some of the long-term implications of this effort? I think it is very important that we view this from the same perspective that the Congress viewed it. The Congress saw this effort as important, not only within the framework of what Head Start would be doing and the children that would be served immediately in the next few years, but as an emerging pattern of services to handicapped children in general. Mainstreaming handicapped children represents a departure from the prior pattern of service, and we need to think very clearly as a nation where we want to be going in this effort. This will influence, with your guidance and advice, how Head Start approaches its immediate task. And finally, what are the next steps?

Why Head Start?

First, why Head Start? Let me say in this connection that, time and again during the conference, we will be speaking about handicapped children. Let me just read to you briefly what the definition of handicapped children is as set forth by the Economic Opportunity Act amendments of 1972: "Mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof, require special education and related services."

In effect, what the Congress is saying is that any child that requires special services is, for purposes of this definition, a handicapped child. Now we need to go a long way beyond that in order to operationalize this. We are not starting from scratch. This is the same definition as that for the early education programs of the Bureau of Education for the Handicapped. BEH has experience in implementing and dealing with this definition and we can build upon that experience.

Jim Robinson has reviewed with you the basic goals and objectives of Head Start as part of the Improvement and Innovation (I&I) effort, and much of the history. I would emphasize one central point that he has made--namely, that the overall thrust of Head Start in the I&I effort is to move toward a pattern of individualizing the approach to children's services at the community level far more than heretofore. This approach is based on each local community's thinking through its needs for children and its resources and the best way to put those together in delivering a comprehensive developmental program of services. I think you would all recognize

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from your own experience that, if we can find ways to do that, half the battle is won as far as providing good developmental services to handicapped children. So what we need to do is to implement services to children with special needs within the overall context of what Head Start is doing, and in a light of awareness that all children are "special." It's not a separate effort that's off here to the side someplace. It's very definitely part of what Head Start is seeking to accomplish for all children.

I think Head Start's policy with respect to handicapped children has been misunderstood in the past. We all need to understand that, from the beginning, Head Start policy provided for services to handicapped children. In the 1967 Head Start Manual, this policy is set forth. Medical records and other surveys in the past have indicated that handicapped children were served in the program. I'll discuss in a moment our best estimates as to what the level of service is. However, on balance, I think it is fair to say that Head Start has done less in this regard than in retrospect we should have liked. Also, we've done a good deal less than the Congress and many other people concerned with handicapped children felt should have been done. It is important for us to understand some of the reasons for this because these are some of the objective considerations we will need to cope with if we are to implement this effort successfully.

In summary, I believe the answer to the question, "Why Head Start?," is threefold: (1) Head Start was recognized as a program with much to offer handicapped children through a developmental experience with other Head Start participants, (2) this is an opportunity to open the door to roughly 38,000 children with special needs, and (3) Head Start's experience can set a pattern for new approaches to serving preschool handicapped children as the nation moves to broaden its access to needed services in the future.

Legislative Mandate

Let me review for you the legislative mandate--what Congress had in mind and what the act requires. Specifically, the 1972 Amendments to the Economic Opportunity Act mandate that at least 10 percent of Head Start enrollment consist of handicapped children as defined. The Act emphasizes that services must be provided to meet the special needs of these children. It's not just a numbers game, but safeguards are built in to ensure that appropriate services are

given. Moreover, the Congress highlighted accountability and laid on a requirement for an annual report six months after enactment of the legislation and annually thereafter. Believe it or not, we met that legislative mandate; we made out first report. I urge you to read it. It's informative and I think it will give you good insight into our thinking and where we are starting from. We will be making such a report on an annual basis. In March, a year from now, we will be delivering another report influenced in considerable measure by what comes out of this workshop in terms of how successful we all have been.

I think that the Congressional concerns were an attempt to anticipate and head off many of the problems that previous efforts to serve the handicapped children had encountered. In particular, there was a concern on the part of the Congress that Head Start might fall into a "creaming" strategy of dealing only with children with minor handicaps and excluding more severely handicapped children. This has happened in other programs, often for budgetary reasons, sometimes for reasons of philosophy, sometimes from feelings of inadequacy at not having appropriate equipment, facilities, trained staff, or whatever. These are very real problems and I don't want to dismiss them. Part of our job here is to try to find ways to deal with them. What the Congress was saying to us very bluntly and very directly is that we must not adopt an exclusionary policy of leaving out the children that are severely handicapped. Now that is not to say that each and every child can necessarily benefit from receiving Head Start services, but the presumption is that, if the parents want the child to be served, then the child in fact would benefit. The program needs to reach out to bring in the children and to find ways to serve them and to serve them well. Congress is very clear on that point, and I hope that our policies are equally clear.

Another aspect of the Congressional approach that was highly innovative is that the Congress elected to earmark enrollment slots, that is to say numbers of children, rather than earmarking dollars as had been the pattern in the past in legislation concerned with the handicapped. I think this was significant in many ways. For one thing, it gives us a lot more freedom to use our resources in imaginative ways and to implement a policy of mainstreaming children. In addition, there is far greater likelihood that there will in fact be children that get served rather than simply a bookkeeping and accounting department that is kept busy adding up imaginary dollars that go to serve imaginary children.

In essence, the legislation is based on a conscious philosophy of the advantages of handicapped children, particularly preschool children, receiving services in an integrated program setting with nonhandicapped children. Now that doesn't mean that the Congress didn't recognize that there are circumstances where the children may need to be taken out and receive special services and then be moved back into the program. It's based on an assumption that people will do those things that are sound developmentally for children. But nevertheless, there was a very conscious, very explicit philosophy that was reflected in the legislative mandate. And I think we need to recognize that this is a new departure for the nation. In the past, as you know, for the most part services to the handicapped have emphasized school age children. It is only in recent years, and to a considerable measure through the leadership of the Bureau of Education for the Handicapped, that there has been an emphasis on serving preschool handicapped children and innovative approaches to this. For the most part however, even at this point, the bulk of such services are delivered in a segregated setting where children of various handicaps are off by themselves. Head Start will be once again pioneering a new approach in which, for the first time, large numbers of preschool children will be receiving this mainstream program experience. So we need to find new ways of interpreting your expertise and your experience around this new approach. In terms of numbers, what we are speaking about when we say 10 percent of Head Start enrollment is approximately 38,000 children. However, we believe all children in the program will benefit immeasurably from this opportunity to experience human differences.

Services Provided

Our best estimate is that there are approximately 17,000 children at this time served by Head Start. That means that we are about halfway to the target. In actual practice, we may be past the easy half and the hard half may be yet to come. This is because

we really don't know the extent of handicap of these children and that, although they meet the legislative definition, we suspect they include few of the most severely handicapped. So we may have before us our hardest effort, or we may not. To be honest with you, there is a lot of difference of opinion on this in terms of analyzing the data and on one's personal experience. We are basing most of our impressions on the results of a preliminary survey that was carried out in August-September 1972 of 1,000 full-year Head Start programs and analysis of that data, supplemented by experiences of our OCD Regional Office staff who have been familiar with what is happening out in the field and also by experts in special education and in handicapped children that have been going out and visiting selected programs in order to get a more in-depth analysis of what is actually happening out there. We've been seeking to find out how good services are and how we need to change. We think we now have a feel for what's going on. I can assure you that it's a far better feel than any of us had a year ago when we were looking ahead and thinking in terms of a three-year plan to get where we now recognize we have to be this fall. Nevertheless, it's still a rough approximation of the reality. Hopefully today, by sharing ideas, we will have a much better feel for where we are and where we need to go.

I think we can take some comfort in the fact that three out of four Head Start grantees reported that they were serving handicapped children at least to some extent. This means that, to a degree, people within the Head Start community accept the notion of serving the handicapped. Moreover, the reports that we have from people who have visited these programs indicate that Head Start staff attitudes are highly positive. This is to say that their attitudes toward the children are positive. They may have a lot of reservations about this legislative mandate, but that's another story. Some of the reasons that the one out of four grantees gave for not serving handicapped children may interest you.

First is the belief that other agencies are doing the job. Since most of you in the audience constitute the other agencies, you have a better feel than any of us for the extent to which that is or is not true. On the whole, of the approximately one million preschool age handicapped children, of whom perhaps a fifth are Head Start eligible, only a very small fraction are being served at the present time by existing resources. There are relatively few resources for preschool handicapped children as we all know. And it looks as though the nation, in redirecting priorities and resources for this purpose, has focused on Head Start.

Secondly is the lack of trained staff. This is an objective reality when they look at their staff and they say they are not trained to work with handicapped children. After all, they are the experts. They know what they can do and what they can't do. However, this may in part overstate the difficulty. Here again, when people went out and looked at what Head Start programs were actually doing, they found that, to a considerable extent, they were doing what comes naturally in the sense of trying to individualize based upon the needs of each child in the program. Even when the Head Start staff didn't know that it was a handicapped child that they were dealing with, the staff frequently were doing the things that were perfectly appropriate for that child's needs. I don't mean to suggest that this type of approach always comes out right . . . you know it doesn't. Nevertheless, it indicates that people are not quite as inadequate as they may think they are. To a considerable extent, it is like the parent of a handicapped child. The parents need reassurance, need to be able to deal with their own anxiety, need to be able to let their natural impulses interact with the child, to get rid of their hang-ups and let the love shine through. Well, I think, to some extent, our approach to Head Start staff can be in the same vein--reassuring them. Beyond that, of course, they do need training, and one of the themes of the workshops here today will be to deal with that.

Let me highlight one other factor in the survey. This is what program services have been providing. I think it's important to emphasize that handicapped children have in the past, and are today, receiving the full range of Head Start services.[1] Let me review those very briefly for some of you who may not have been as close to Head Start, who may only have seen a small number of Head Start programs. This would include (as Jim Robinson has pointed out regarding the revised program performance standards) components in education, parent involvement (and this is terribly important to handicapped children as you know), social services, and health services. Within health services we include medical, dental, mental health (which we redirected--we used to call

it psychological services), and nutrition.

In the policy guidelines, when we talk about special services, we are talking about services that go beyond what is required in the performance standards. Of course, all Head Start services are, in one way of looking at them, special services focused on the needs of the child from a low income family. But when we use the term "special services" in the policy guidelines, it means services over and above those spelled out in the program performance standards. Within that context, 50 percent of the grantees that were serving handicapped children indicated that they were providing some special services. In most cases, and I think this is terribly significant, where they were doing this, they were doing it in collaboration with another agency, possibly some of your agencies, and I think that is something we want to build upon.

Head Start Policies and Plans

Let me review briefly with you our program plans and policies on Head Start Services to Handicapped Children. I would urge you to read this because it's an extremely important document. It does reflect what we intend to happen by way of program services to children. So please bear with us and help us to interpret this and help us to make it work. Key policies emphasize that all handicapped children will receive the full range of Head Start services as spelled out in the program performance standards, and beyond that they will receive those services individualized to meet their special needs. Now, this is not to say that Head Start will necessarily pay for all of this. What we're hoping is that, if a Head Start child is now serviced by one of your agencies, there will be a maintenance of effort principle that you will continue to provide that special service; but that the child will be enrolled in Head Start and the Head Start program will round out the needed services in collaboration with you to provide for the full range of needs of that child. So in effect, we're talking about sharing resources, collaborating in new ways. Of course, if no one is now serving the child, Head Start will ensure that needed services are provided. In effect, Head Start is attempting to serve as the funding agent of last resort to stretch our resources to serve the mandated number of children.

Secondly, the policies spell out an affirmative approach to outreach and recruit. Now this is something that was emphasized very strongly by the Congress, that Head Start should reach out. I can recall, in 1965, when the Head Start program was launched, people were saying that poor people aren't interested in their children enrolling in Head Start or preschool. "Everyone knows that preschool is just for the middle class," and that was true at the time as you know. Yet, when local Head Start programs went out into the poverty neighborhoods, knocked on doors, and carried out an affirmative recruitment program, you know the answer. The response was tremendous; the demand for admission into the program was much greater than we could then or can now meet. Moreover, it turned out that what's good for poor people, middle class people are terribly attracted to, and there is a lot of demand for the program. Well, I think the same thing is true to a considerable measure with our services to the handicapped. What Congress is saying to us is we have to reach out . . . where people have anxieties, where the children have been kept in the home, where the parents are afraid, where the children are afraid . . . we have to reach out and show them we can bring them into the Head Start program. We can do that with your help. In many cases, you know where the children are, you know what their needs are, and you can help by bringing them into Head Start.

The next policy I would highlight is needs assessment. There is a delicate balance between mislabeling children or stigmatizing children and making appropriate assessments of their needs, to ensure that in fact we can individualize the program. It's an important issue, one on which a special workshop will be focusing this week. We will be developing particular materials, a needs assessment "kit," to assist local Head Start programs. In this process, we discuss a diagnostic team and who that team should be composed of. I think that the central theme of the policies and procedures is that services to handicapped children need to be carried out as part of a team effort at each Head Start program. The team will involve Head Start teachers, nurses, pediatricians, psychologists, professionals from other agencies, and paraprofessionals and volunteers playing carefully defined roles. The team will work in close cooperation with parents who, in a very real

sense, will be part of the diagnostic team and will have a central role in helping to provide services as well.

In recruitment and outreach, Head Start will be bringing children into the program at the time this is normally done. This means that summer programs are going to be geared up in the month of June. Hopefully, many programs have already prepared for their recruitment activities. In the fall, in September and October, when the children come into the program, emphasis will be placed on bringing in handicapped children. Now, if we are going to meet the legislative mandate of having the children in the program by fall, then it will be necessary that these two recruitment cycles be implemented immediately. This means that all of us have to get working very quickly on this effort.

There has been some concern that providing the services in accordance with the 10 percent mandate would be laid on every program regardless of it's capacity, regardless of the welfare of the children. Congress was wiser than that. The legislation is worded so that the enrollment of 10 percent is a nationwide enrollment. What we have done in implementing this is to give each of the OCD Regional Offices an enrollment target of at least 10 percent. Now as you know, the Office of Child Development is a highly decentralized program. This means that the basic decisions as to the program structure in any given local community, in any local Head Start program, and as to the pattern of services at the funding level are determined by ten OCD Regional Offices and our Indian and Migrant Program Division. In determining enrollment levels for all children, the enrollment level for handicapped children, and an appropriate pattern of services, funding decisions are made by OCD Regional Offices. What would be taken into account by the Regional Office staff in implementing the policies are the number of handicapped children in the community, the types and severity of handicaps, the desires of the parents, and the resources at the local program level.

Next Steps

I'd like to indicate very briefly what I see as some of the next steps. First is the need to organize a team effort. This conference has been structured in such a way that hopefully we will take the first step in organizing such an effort. We are hopeful that, if this approach proves successful, Regional Offices will use this as a prototype in organizing comparable efforts within their region and in particular states. Many Regional Offices are already leading the way, and in fact we're building on their experience and hope to share their ideas with you in this setting. Second, to finalize our plans within OCD and within local Head Start programs, we need the benefit of all of your thinking. Third, we need to launch the outreach and recruitment effort. Now some of you are probably thinking as you're sitting there that perhaps the newsletter of my organization or a letter to my state or local counterparts might be an important way to pass the word and to encourage people to cooperate. I hope that's what you're thinking because that's the type of thinking we would like to explore and, if it makes sense, we would encourage you to go forward with it. Fourth, the need to plan the program on an ongoing basis exists. It's not a one-shot effort. Things don't begin and end when we get the children into the program. We need to find ways to deliver quality program services and we need to develop the needs assessment and other materials, building on the present state of the art and redirecting it to this new initiative. Fifth, and perhaps most important, we need to deal with anxiety of the people out there in the program. We need to promote an understanding of the value of this kind of mainstream strategy and we need to find ways to bring people on board so that they are going to be working toward this.

Chaired by:

Mr. Collins and Dr. Randolph

Immediately following the speech by Mr. Ray Collins, there was an open discussion session during which Mr. Collins and Dr. Randolph invited questions from the audience. The following pages include some representative questions and comments.

Question:

Can OCD Regional Offices determine capabilities for this effort?

Answer:

The Regional Offices have a great deal of authority and responsibility in the same way as they do for all of the services that local programs provide. In essence, the Regional Office does have the accountability for the use of federal funds within the context of legislation and OCD policy. I think we all need to understand very clearly that the legislation now provides for handicapped children; that it is part of Head Start, not part of some Head Start programs and not others. It's what Head Start is all about and I think that is what Jim Robinson was telling us.

Comment (Audience):

That last comment reminds me of an educator's comment that he never knew until he tried, and when he tried he found out how (in many ways) handicapped children were similar to normal children.

Answer:

That's an interesting point. The lady who gave the training workshop where this film was taken was Mrs. Margaret Wood. I went up to her after the workshop and asked her what she regarded as the single most important thing we should emphasize in our efforts to make the program successful. She said the most important thing is to work with the Head Start teacher and give that teacher a feeling of self-confidence in his or her ability to deal with the handicapped child.

Question:

One of the concerns exhibited not only by Head Start staff here in St. Louis, but also by professionals who are dealing with the handicapped, is their inability or lack of training to deal with the handicapped child. They are really amazed that we would utilize para-professionals to bring in severely handicapped children.

Answer:

I think that the answer to that, while it is not a simple answer, rests in one of the basic objectives of this training workshop. In other words, let's recognize that many Head Start staff personnel do not necessarily have all of the capabilities to work with handicapped children. What we are saying in this effort is that it has to be a joint effort. We have to have resource people available who will assist local program people and parents in making assessments of children in determining the kind of services that can be provided and assisting them in doing this. Head Start programs cannot operate in a vacuum. They're going to have to work with many other resources. When we initially developed the policy issuance and distributed it to approximately 200 agencies, organizations and individuals throughout this country who work with handicapped children, we received all kinds of responses that recognized that this was a way in which services to handicapped children should be moving. In fact, they expressed the desire to see their agency or organization and individuals who have expertise assist Head Start programs. They were willing, among other things, to devise mechanisms by which to transmit and translate that information and actually assist the grantees and the local programs in carrying out this effort. But it's got to be a mutual arrangement. The capabilities that Head Start programs have already in terms of their dealing with children and addressing their individual needs must be supplemented with the additional training that's necessary to work with handicapped children.

Question:

If the local programs discover that they have the capacity or capability of serving more than they are taking in and other programs in your region feel that they are unable to serve them, can the program that wants to serve more than 10 percent reasonably expect to receive some additional funds?

Answer:

No.

Question:

If you consider the normal range for Head Start services to be three to five years, and a child is five years old but not accepted by the local school system, can Head Start serve him?

Answer:

The answer is generally "No" in cases where five years is the mandatory school attendance age. We should recognize that there is a pattern of test cases that have passed through the courts leaving very clear precedents. Each state has a mandatory school age law and has provisions for schools to provide services to handicapped children. There are some representatives here of State Departments of Education and they may care to elaborate.

Question:

Then you take the chronological age rather than the developmental age of the child?

Answer:

That is correct. It is the responsibility of the school system, as determined under state law, at least according to these test cases. Since there is in the legislation a requirement that the school systems provide public education for all children, they would need to provide it for those children irrespective of the developmental age. Head Start is not in the business of duplicating what the public schools are doing and hence we are not attempting to take on the same range as the public school.

Question:

Is the role of OCD to be a coordinator of services to handicapped children?

Answer:

The answer is no. Congress did not intend OCD to be a master coordinator of services to handicapped children. I think that's clear, nor does OCD see its role in that vein. I believe Congress and a number of people promoting this legislation saw Head Start as playing the kind of role that Jim Robinson was describing earlier, that is, serving as an experimental demonstration program of good developmental care for handicapped children in the same way as they have played this role for preschool children generally, and in developing new approaches to program services that would serve as a catalyst in developing new configurations of delivery system linkages between Head Start programs and other agencies. Now admittedly, there is a hope and an expectation that this would influence the pattern of services for handicapped children generally.

Question:

What is meant by severely handicapped children?

Answer:

In relationship to the issue on the severity of handicapping conditions, I need to first go back and address some of the legislative history regarding Head Start services in the past to handicapped children. The fact is that initially a lot of the data that were derived from the last Census dealt with medical conditions, such as children who had poor vision, who need glasses, and their visual problems were corrected; or children who had ear infections that were treated and they had no more problems. The intent of Congress was to tell OCD, in fact, that those kinds of conditions were not to be considered handicapping conditions for the purposes of meeting the legislative mandate, and therefore there was almost an inordinate stress on the term severity. The whole basis for even putting in the word "severe" is, in fact, to establish a policy that says there should be no arbitrary discriminations made initially on the part of a Head Start program regarding enrollment of a handicapped child. The Head Start program must go through a process that will assist them in making reasonable determinations regarding, for instance, the level of severity of a handicap, the resources that are available to that Head Start program, and what the staff capabilities are. All of these things should then help in making a decision as to what are the most feasible and appropriate ways to provide services to the preschool child. The intent of the legislation and the policies developed recognize the inclusion of blind and deaf children and other children who, because of the nature or extent of their handicaps, have not been considered as eligible for integration in a program with nonhandicapped children.

Could I just emphasize one thing that is so often misunderstood, particularly by people in Head Start. Congress said Head Start shall serve handicapped children. The Congress did not say Head Start shall serve only severely handicapped children. Now what Linda is saying is that you don't exclude severely handicapped children, but that doesn't mean we limit it to severely handicapped children.

Comment (Audience):

The Supreme Court says that the public schools cannot exclude the severely handicapped; it seems to me in my experience with Head Start that I have normally found that handicapped children were welcome. I think then, to summarize, it is the burden of Head Start programs to justify any exclusion of the child.

Question:

How do we distinguish between a severely handicapped and an almost severely handicapped child?

Answer:

I don't know how to deal with that question. Let me say that I don't think that anybody knows the difference between a severely handicapped child and an almost severely handicapped child. If you have ten people in the room who know the difference, they might agree on part of the children and probably disagree on some of the children, and I am not sure that that distinction is critically important so I don't want to get hung up on it. I think what we want to ensure is two things. First is that any given child is appropriately diagnosed so that child gets what he needs in Head Start. Now, if the child is moderately handicapped or not handicapped at all, the Head Start program in accordance with the performance standards still has to look at the total range or needs of that child and organize a pattern of program services that make sense. If you take the approach that the child is going to get what he needs and what the family hopefully thinks and understands the child needs, that's the important thing, and if we want to focus on something, let's focus on how to do that well.

The second problem we have is, how do we keep score in the context of the legislative mandate? And, from this standpoint, it is important that we be able to identify children with handicaps because we want to avoid misrepresentation of what we're doing. If we are serving children who need eyeglasses but, once having glasses, their vision is corrected, these are not special services to handicapped children under the legislative definition. We know that, but someone else could mistakenly call that a special service. I think we need to find ways to deal with that. I don't have any easy way as to how to do that, but I think there are three basic elements to the answer.

Answer:

First, we have to develop a needs assessment kit that local Head Start programs will have at their disposal. It will become clearer what I mean as we get into a more in-depth discussion in the workshop dealing with techniques of diagnosing the child's condition and the nature and severity of the condition. Second, we must have a diagnostic team at the local Head Start program level that involves people that have the expertise and are trained to make those judgments in an appropriate way. And third, we must have some bookkeeping or reporting procedures that make sense. Now all three of these things have been given some thought. Some of it is outlined in the policies and procedures, but they need a lot of spelling out. There isn't any single solution. We are going to have to work it out together.

Question:

If a child is handicapped, is it going to matter about his family's income?

Answer:

I guess the answer to that is yes and no. The handicapped child is eligible for participation in Head Start on the same basis as any other child. Head Start policy in this regard provides that 90 percent of the children participating in the local Head Start programs have to meet the poverty guidelines spelled out by OEO, the income guideline. Now, I would emphasize that we are talking about income as the family declares. This means that low income handicapped children would be given enrollment priority and above income handicapped children would be enrolled at about the same ratio as nonhandicapped above income children.

Question:

Have any of the agencies here related to the OEO poverty guidelines as they relate to the Head Start program for the handicapped child?

Answer:

I don't think the Head Start policy in this regard is necessarily related to the groups that are represented here, which might be a little confusing. However, we could go through and have people stand up that represent these particular agencies if that would help at all. Okay. First, representatives from the Bureau of Education for the Handicapped, Maternal and Child Health Services, Indian Health Service, Social and Rehabilitation Services; National

Institutes of Mental Health, State Departments of Special Education, State Developmental Disability Councils. Then representatives from voluntary agencies: United Cerebral Palsy, National Foundation for the Blind, National Association for Retarded Children, Easter Seal Society, National Association of Mental Health Program Directors, Council for Exceptional Children, National Association for Mental Health, Epilepsy Foundation of America, American Speech and Hearing Association. We also have Head Start project directors who are here with us. We have state training officers and regional training officers. I will assume that the rest of us are from OCD headquarters and OCD regions.

Question:

Will the policy councils at local Head Start programs play the same kind of central role as with other Head Start program efforts?

Answer:

I think this is an important issue. Clearly, the policy council of local Head Start programs and the parents participating in the program have to play the same kind of central role with respect to the handicapped effort as to what and how those children get served as for all other Head Start program efforts. This is one of the things that needs to be talked about in great depth to spell out what that means. But briefly, we are talking about the same type of role that they always play.

Presented by: Dr. Jenny Klein
Director of Educational Services
Program Development and Innovation Division
Office of Child Development
Washington, D. C.

The slide presentation portrays the idea that every child is a unique individual. Regardless of his color or ethnic background, his physical, mental, or emotional condition, a child is a child. In the presentation, all the children have handicaps; some handicaps being visible while other handicaps are not.

Some youngsters have limitations in several areas and are multiply handicapped. However, despite their handicaps, these children are more like other children than they are different. And, like all children, they can gain from participation in a preschool program.

The film presentation portrayed the following handicapping conditions and ways in which the children with these conditions could participate and benefit from a preschool program:

Mental retardation. Although Judy is mentally retarded and has problems with abstract concept formation, language development, and other developmental tasks, she can play with the group and use a variety of manipulative materials.

Blindness. Susie cannot see; however, she is beginning to feel a part of the group and participate in group activities.

Hearing loss. Although Tommy has a severe hearing loss and cannot listen to stories, follow verbal directions, or hear the children sing, he can build large buildings and relate to his peers.

Physical handicaps. Jonathan has a physical disability and must wear his helmet most of the time for protection against falls. He cannot participate in many physical activities. However, he is included in many of the classroom activities.

Emotionally disturbed. Steve is emotionally disturbed and when left alone could easily stay in a tree all day long shutting out the world. With assistance though, he can enjoy himself by using play materials constructively.

Speech impaired. Joe has practically no speech at all and has trouble communicating. He has responded to language development activities and can enjoy and learn from interesting field trips with his preschool group.

The slides, which will be available for the field early next year, stress the fact that, like all children, handicapped children need our love and understanding. They need to have fun and joy; opportunities to learn, explore, and observe. Handicapped children need to feel they are part of a group.

"These Are the Children" ended with the statement, "The challenge is big, but it surely can be done."

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PANEL DISCUSSIONS AND WORKSHOPS

On May 23rd, all conferees attended a panel discussion entitled, "Resources: Identification and Utilization," which was chaired by Ms. Jean Nazzaro, Educational Specialist for the Council for Exceptional Children.

Panel members included:

- Ms. Jane DeWeerd - Program Coordinator, Program Development Branch, Office of Education, Bureau of Education for the Handicapped, Department of Health, Education, and Welfare.
- Ms. Wilma West - Acting Director, Division of Health Services Training, Office of Clinical Services, Bureau of Community Health Services, Department of Health, Education, and Welfare.
- Mr. Norman Howe - Assistant Director of IMC/RMC Network Office.
- Mr. Ronald B. Almack - Deputy Director, Division of Developmental Disabilities, Social Rehabilitation Service, Department of Health, Education, and Welfare.
- Dr. Kyo Jhin - Director of the Huntsville, Alabama Home Start Program - Top of Alabama Regional Council of Governments (TARCOG).

The following pages represent excerpts of the panelists' remarks.

The remainder of the chapter is devoted to summaries of the second and third day concurrent workshops.

Ms. Jean Nazzaro
Education Specialist
Council for Exceptional Children

Head Start has always involved handicapped children. Usually they were children with behavior or language problems. They enjoyed the service available to all other Head Start children. Whenever possible, they received some special attention from a psychologist, the speech pathologist, or whatever resources they could find to serve these children. The difference, as I see it, with this new mandate, is two-fold. Now, you have the obligation of actively searching for handicapped children whose parents may not be aware that Head Start has a place for them. These will include a wider variety and severity of handicapped children than you have previously served. The second obligation is to develop a program to meet the needs of these children, which is perhaps more of an obligation than you had before. Both of these obligations are going to require increased communications with other agencies. You can't expect to turn your staff into a group of specialists. For one thing, the nature of the disabilities you serve will change from one year to the next. Therefore, it is impractical to hire a person who is a specialist for the deaf because the next year you might not have any deaf children. But you do have to turn your staff into expert resource finding people. You have to help them find places to go to find the services they need.

With the increase of emphasis on mainstreaming handicapped children in regular classrooms in public schools, you will have some regular teachers who have already experienced having handicapped children in their classrooms. These teachers probably have the most in common with your Head Start teachers, because they are closest to the experience of accepting handicapped children and working with them. If you can find some teachers from the regular school program who worked with a handicapped child, that might be a very good starting point in helping your Head Start teachers develop confidence in their new role. We have the special education teachers and other resource people in the public schools. We have the parents of children whom you are registering for the program but many parents of children from the public schools, through whom you can give confidence to your teachers and to the parents of the children that are going to be entering your own program. Parents with handicapped youngsters are often members of United Cerebral Palsy, National Association for Retarded Children, or Easter Seal. About 14 states now have mandated education for handicapped children under five. These states might choose to place their children in a Head Start program as an alternative to special classes. I think it is only right that you go back to that system and ask for resource people to help you when you take those children. Most school systems have directors of special services, education or pupil personnel services. You can find help at your community mental health centers or Crippled Children's centers or Developmental Disabilities Centers.

Yesterday, I was looking at the latest issue of "Learning," a new magazine which just came out, and there is an article called, "Money, You Can Get It" and it has some other suggestions about how to obtain funding. One thing that they suggest is approaching small foundations. There are a number of small foundations in various areas. They say that the most successful way to go about obtaining foundation money is to approach the foundation closest to you. There is a foundation directory, and an annual register for grants. You'll have to check to see if this money is available to federally funded programs. Other organizations which have always been a source of support include service organizations; The Rotary Club, the League of Women Voters, the Chamber of Commerce, the Junior League. Again, what must be described is exactly what you want, why you want it, and what it's going to mean to your program. If they don't feel they can give you what you need, they probably will know someone who can. Follow up

with that by having children send a letter or picture or invite them to your program whether they've helped or not.

The thing now is to develop community relationships and to keep the lines of communications open. College students can be used as workers in the program. You can look to volunteer agencies such as community planning councils, social agencies, organizations of parents of handicapped children, and organizations of the disabled. I have already mentioned League of Women Voters, ETA, and The American Legion. On the local level, we have the Board of Education, county departments of Health, Welfare, and Recreation, mental health, mental retardation; and on the regional level, the U.S. Department of HEW. Some of these groups can supply factual information, others will contribute useful opinions and insights, still others will contribute working volunteers or organizational knowhow. A number of these groups are already engaged in social and health planning, perhaps in another sector of the local scene. Their knowledge or conclusions may be relevant to the planning for Head Start children.

I'd like to tell you a little bit about CEC and why or how we might be of help. The CEC organization has a membership of about 50,000 people composed of members from the field of special education, teachers, administrators, college and university people, and other people interested in working with exceptional children, both the handicapped and gifted. One function of our central staff is to keep those people that are working in the field informed of the current status of special education and to respond to information needs that we see existing in the field.

CEC can be an excellent resource for several reasons. We have already initiated a great deal of activity in the area of early childhood handicapped children. For example, last winter, 1972, we had what we call an invisible college on early childhood education for the exceptional child. At that time, we brought together a group of experts that were identified by their peers. We knew several people that were very good; we called them to help identify other people and through this census we chose the top leaders in early childhood education for the handicapped. Our conference of 13 people discussed the issues and strategies related to educating young handicapped children and a publication entitled, Not All Little Wagons Are Red is one of the products that resulted from this conference. This would be useful for your staff.

The CEC Information Center which includes the ERIC Clearinghouse for Exceptional Children is capable of providing appropriate resources and information to Head Start personnel working with handicapped children.

Linda asked me to tell you a little about the CEC chapters. The chapters are independent units functioning in localities throughout the country. Some are located on college campuses, others are connected with school districts or communities. Chapters are involved in activities and projects to provide better services to the exceptional children in their own localities. The best way to find out about your local chapter is to contact the national headquarters and ask for the location of the closest chapter to you.

We also have a new development, the Foundation for Exceptional Children, which will support special projects related to exceptional children. Our second speaker, Ms. Jane DeWeerd from BEH is the coordinator for early childhood education programs. She will tell you something about the resources that you may expect to find from her agency.

Ms. Jane DeWeerd
Program Coordinator, Program Development Branch
Bureau of Education for the Handicapped
Department of Health, Education, and Welfare

I would like to second the remarks about resources. In your conference packets is a copy of Day Care Manual Number 8, Serving Children with Special Needs. It was produced jointly by the Office of Child Development and the Bureau of Education for the Handicapped. The appendix contains a listing of agencies upon which you can call. It was written by two people who have worked in a day care program which included handicapped children, so it is practical and can be used by all members of your staff in some way.

Jean mentioned the ERIC system, and I would like to mention that there is a folder of instructions on how to use the ERIC computerized information system. It is available through the Council for Exceptional Children. The headquarters are in Arlington, Virginia, but there are state affiliates and local chapters throughout the country.

Another resource is the parents' group. As you may know, parents have been very active historically in obtaining some of the first services available for handicapped children. There are parents' groups for parents of handicapped children who have been effective in helping build public understanding of the handicapped and support for services by effecting legislation, and these groups can provide information and support to parents of newly enrolled handicapped Head Start children. Parents can make materials and assist as volunteers in the educational programming, as well as helping set objectives for their children. Their efforts, and those of students, can help with problems of staff shortage as well as provide for individual help.

Miss Josephine Taylor is here from the Division of Training Programs. She has blue booklets listing the personnel working in the Bureau of Education for the Handicapped, either in the central office in Washington, or in the ten regions. These people can be contact people to suggest consultants or resource programs in your areas. Miss Taylor will also have a listing of training programs funded by the Division of Training Programs which gives the names of contact persons in universities funded by the Bureau. These persons can suggest agencies and consultants in your area. State Directors of Special Education are also listed. They will know of public school or state agency programs serving the handicapped in your area. You may wish to contact them to see if your staff could attend some workshops for public school or other personnel, or develop procedures to share facilities or equipment.

I would like to spend the most time talking about the Handicapped Children Early Education Program as a resource for you because that's the one I am most familiar with. In the back of the Day Care Manual Number 8, there is one appendix which describes the nature of the program. Inside is the list of directories, names, addresses and phone numbers. This program is structured so people can come and see how to assess what a child is able to do and what he is not able to do; how to help him overcome his problems. We have found that being able to watch another person do something, being able to discuss it with the people on the scene is very useful. The program uses various kinds of approaches and I think it is very pertinent to Head Start with its interest in planned variations.

We have projects in all types of geographic areas around the United States and Alaska and in many kinds of agencies. Any public or nonprivate agency may apply. What we ask applicants is to tell us what seems to them the most practical, feasible way to go about planning for these services in their areas. We have some projects which do not have any classroom location. At first, this seemed to us to be a rather difficult situation for planning a demonstration project, but people go in cars to visit in the home.

We have many combinations of handicapping conditions which require a variety of approaches to handle. They range anywhere from birth up to age eight. The first couple of years of the program, most of the applications were for three, four and five year olds. Now we have been focusing on the birth to three years age range.

Projects are funded for a three-year demonstration. After that, we asked the people to obtain continuation of the programs. If the project gets support from any other source, they become eligible for a new kind of activity. It wasn't known that this would develop. When we started the program at the local level, a great many of our projects were approached by Head Start, day care centers, nursery schools, kindergartens and other programs. After they had been invited to visit, after they had heard about the program, they were asked to come to some of the demonstrations. After they had become familiar with the program, they came to the project and said we have two or three children we just can't seem to do anything with. We really don't know how to go at their problems. So our projects then responded, and rather spontaneously at the local level considerable interaction has developed which we are very pleased about.

Through this outreach activity, quite an extensive relationship was established with Head Start last year. Over 2,500 Head Start children completed some kind of workshop at some resource in their project and over 2,000 Head Start personnel received some training in the workshop and they received extensive training. You are invited to contact the projects near you.

We also have had a formal relationship within the last year with Head Start projects. The Office of Child Development and BEH have funded projects. In addition to these official collaboration projects, many others have reported in their new proposals that come to the Bureau, for activities to start in July, an increase in activity with Head Start.

I've been pleased to see that the participants here are asking the question of how. How can we see what the children are doing and how can we help them? The Handicapped Children's Early Education projects look at the child's function--what does he do; what can he not do; that's been the emphasis. We know that running a child through a battery of tests is not completely adequate, but--watching how he operates; learning how to observe more closely; knowing what to look for--all the kinds of things that training has shown you--are useful. We have to help the child see that he can do.

Another kind of resource available to the Bureau has been our Technical Assistance Project. When this program was first started, it became apparent that we were asking the projects to wear many hats--for at the same time they were to: learn about community coordination, child assessment procedures, demonstrate to other agencies, plan for supplementary services such as physical therapy when needed, develop evaluation procedures and show how the project is meeting its objectives.

The way the Technical Assistance Project developed its plan was to go to projects and ask, "Where do you need help? What areas do you want help in carrying out your own objectives and to do what you want to do?" And then a contract was written between the task group and each project--for example, how to work better with the community, help with an evaluation plan or whatever was pertinent to their own needs.

I would just like to say that I can see during the year that the two agencies have been working together, a great improvement and a very heartening development of enthusiasm to carry this whole project out. I just want to say that no one should sugarcoat the thing. It's not going to be totally simple to do because there are real problems like transportation, toilet training, and getting the staff to learn to take a crippled child into the bathroom. These are practical things that are keeping thousands of kids out of programs in the United States.

But to say that there are problems does not mean that they can't be overcome. Frequently with some familiarity the problems do not seem so great, especially when other agencies are used as cooperating resources. Many Head Start people have shown that children with problems can be helped, and helped effectively by Head Start personnel. I hope that you will call upon some of the resources which have been mentioned today to help you work with children who will not be able to succeed in school without your extra help.

Ms. Wilma West
Acting Director, Division of Health Services Training
Office of Clinical Services, Bureau of Community Health Services
Department of Health, Education, and Welfare

The Maternal and Child Health Service welcomes this opportunity to think and plan together with you about ways in which our programs and projects may provide services to handicapped children enrolled in Head Start. We commend both the spirit of the legislation under which you are launching this new service and the efforts you will be exerting to make it successful. One of your key purposes in this venture--to provide normalizing relationships and experiences for handicapped children--is equally a part of our philosophy of concern for the total child, not just for his handicap. Neither you nor we have the facilities to do the whole job well. Together, however, and especially with the resources of other agencies in both the public and private sectors, it should be possible to provide more comprehensive services to the additional numbers of handicapped children for whom we all share responsibility.

In the category of maternal and child health programs, here are some of the resources you will want to identify and request help from as needed by the children you enroll:

1. First and foremost, the official crippled children's agency in your state. Usually this agency is located in the state capital; in 38 states, it is a part of the state health department. Crippled children's clinics are usually held at regular intervals in permanent locations but in some rural areas, the clinic staff travels from one location to another. What every state CC agency tried to do, within the funds it has, is to locate crippled children or those who may have conditions leading to crippling, see that their conditions are diagnosed, and then see that each child gets the medical and other health related care that he needs. In the small orange-colored brochure titled, "Services for Crippled Children" (of which there are 200 copies on the table at the rear of this room) you will find a complete list of state crippled children's agencies and also information about the kinds of children eligible and the kinds of services available to them.

2. Also found in every state, in close proximity to and in coordination with the state agency for crippled children, is the state health department. Together with its counterparts at the local level, these agencies have varying numbers and kinds of resources of potential help to handicapped children.

3. A third category of resources available to handicapped Head Start children exists in the 58 children and youth programs funded by the Maternal and Child Health Service. These programs provide preschool and school-age children with the following services, identified as minimum essentials of comprehensive health care: casefinding, preventive health services, diagnosis, treatment and aftercare.

4. Another potential source of help for handicapped children in Head Start programs may be found in the 150-odd clinics we support for diagnosis and evaluation of mentally retarded children. Findings of the assessment teams in these facilities should provide directions for programming such mentally handicapped children as may be accepted for enrollment in Head Start.

5. A fifth resource is the 20 university-affiliated facilities for training personnel in the broad array of interdisciplinary services essential to solving the problems of families with children having multiple handicaps, including mental retardation. If there is a program of this kind in your particular geographic area--and your Regional Office can help identify it--you should take advantage of its multi- and

interdisciplinary approach to programming services for handicapped children.

We would conclude with a few general statements about what you can expect in the way of services from maternal and child health programs at regional, state and local levels, and following that, some options we suggest you have and presume to offer based on our tradition of concern, involvement and experience in this area.

First, what you can expect: at a minimum, diagnosis (in your terms, needs assessment) without charge, of any handicapped child brought to a crippled children's clinic and a comprehensive, physician-directed plan of medical, surgical and health care, hospitalization and follow-up as needed. The ability of our programs to deliver this part of the total plan for handicapped children is clearly established and "on call" to you as to families, physicians, teachers, and personnel in health and welfare agencies.

Secondly, we would point out that we are most concerned about children with multiple handicaps who, we feel, we are uniquely designed to serve. We would like to think that we would be among the first resources you would turn to for services to children in this category. We are staffed with personnel in areas ranging from specialists in such severe medical problems as cystic fibrosis, congenital heart disease and inborn errors of metabolism, to those who are qualified to deal with the complex problems of families with such children, including the psychological overlays that inevitably accompany them.

Finally, you may ask about our credentials to provide the services we have stated as available. Although in no way suggesting that age is synonomous with ability, we would point out that we have been in the business of providing services to handicapped children since 1935 and that this span of time has provided background experience with a broad range of children's medical and health problems. Although we admit to some bias in favor of children with physical handicaps in the age group from birth to 21 years, we are increasingly concerned with the group of children manifesting emotional problems. We bow to the expertise of NIMH and the community mental health centers in this area, but don't rule us out among available resources for help with these children.

I mentioned some options we feel you have as you move toward implementation of your expanded effort to serve handicapped children. From the beginning, we have urged that your legislative mandate be tempered on two counts: first, that you shoot for the 10 percent enrollment of handicapped children on a national or regional, rather than on a program-by-program basis; and second, that you give priority to the mild-to-moderately involved, rather than the severely impaired child among the handicapped you would serve. Your central office indicated to us, prior to the opening session yesterday, and publicly at that time, that they concurred with the first of these options and had mandated only a regional requirement for the 10 percent handicapped enrollment. This, in our view, is much more realistic and at least potentially feasible.

They did not signal equal agreement with our caution that Head Start programs would be well advised to recruit the mild-to-moderately involved child, rather than going for equal numbers of the severely handicapped. And, yesterday, they presented convincing reasons for this stand. It is not our place to argue this interpretation of your legislative requirement. We would, however, suggest that you can meet it--even exceed it--with less outside help and greater chances of success if you focus on children with the greatest potential for benefitting from a Head Start experience. To the extent that you enroll children in the seriously involved categories, you will want and need to call upon agencies such as ours to assist you in providing the many and complex services they need.

Once again, we have convergent goals and we have complementary services to offer children in categories about which we are mutually concerned. We look forward to the opportunities for cooperative and coordinated services that these shared objectives present and to working with you at regional, state and local levels to make them possible.

Mr. Norman Howe
Assistant Director
IMC/RMC Network Office
Arlington, Virginia

I'd like to relate an experience because it might be related to some of your apprehensions that I note at this time. I taught vocational subjects for ten years before switching to special education. I taught at the secondary level which was oriented towards the older student and then started working with the preschool trainable mentally retarded children--ages 4 to 6. I can attest to your perspective in that these handicapped children are more like nonhandicapped children than different. However, they do have some very unique learning characteristics which we need to be aware of when developing child programs for the handicapped.

I am from the network coordinating office of Instructional Materials and Regional Media Centers. It looks like IMC/RMC but that name is not inclusive of all of the components of our network. We have, of course, the reference library--American Printing House for the Blind; National Center for Educational Media and Materials for the Handicapped, recently established in Columbus, Ohio; a network coordinating office and information service located at the Council for Exceptional Children. We have many agencies working with a specific charge and our charge is instructional material for handicapped children. We feel it is a very important component for the child's educational program. Our network consists of 17 regional IMC/RMCs located throughout this country. The handout back on the table gives you the address of our office and if you so desire, we can send you the location of the regional and associate centers.

There are presently 403 associate centers, stimulated and developed in a cooperative arrangement between state departments of special education and regional centers. The associate centers work closely with the client (teachers, parents, children, etc.) in supplying media material and educational technology support.

The BEH program manager of our particular program was recently named program manager of another resource which I think would be most important to you, called the Regional Resource Centers. These six resource centers assist the states with assessment, diagnosis, prescriptions, and programming for the handicapped child. Our office can also put you in touch with these centers.

Our network supports and serves as backup to states as they develop instructional resources, namely, media materials and educational technology. Specifically, we develop usable materials, assist with training needs for the instructionable materials used, provide information on child-use materials, and assist with delivery systems or materials which can make them more available to the clients. In addition, and our fifth concern, is for proper interface between the regional centers and each of its client states.

Mr. Ronald B. Almack
Deputy Director
Division of Developmental Disabilities Social Rehabilitation Service
Department of Health, Education, and Welfare

I think the thing which impresses me is the enthusiasm of this particular meeting. One of the main things in life is enthusiasm--it's beautiful!

I'm going to talk just a little about the developmental disabilities program; what it is and what it can do for you and how you can use it. A lot of people think we are a real old program. Actually, we're only 22 months old.

Officially, we started June 23, 1971. We can provide assistance or programs for the mentally retarded, cerebral palsy, and epilepsy. Our participation is also limited to programs serving substantially handicapped individuals. What can we do in helping these people? We can plan for and support our community services--16 of them ranging from diagnosis to evaluation and treatment to follow-up, transportation, legal services, and so on. We offer these through designated state agencies and state planning and advisory councils.

One of the main thrusts of our program is developing the state plan so that we can see what resources are available for the developmentally disabled. When we do that, we look at nine other state plans and identify what resources are there. Then when we identify the resources, we try to see how to get a little bit of those resources for the developmentally disabled. When we sit where projects and applications are being considered, big questions sometimes become a little embarrassing to those state agencies represented in that meeting--such as asking them to take over the program. We have to do this because $21,715,000 isn't much and 19 states get only $100,000 each. So we try to use our little pittance to work with and administer state priorities, in terms of national priorities.

Now what can we do for you? Well, we can help you identify resources. You should get acquainted with our people at the state level. We know a lot about what we can do in relation to a lot of other programs. We can help you get involved with generic agency programs. One third of our state planning and advisory council people are consumers, and consumers count.

The last thing we can do and probably the least thing we can do for you is give money. This comes to the third part of my remarks. How do you use this? What do you have to do? Well, being an old state agency man, I know you don't go to state agency people and ask what they have to offer. Have a definite program in mind; know what you are going to do and how much it costs; know what you expect from us...get acquainted...be persistent. But be sure you know what you want to do because 30 or 40 projects sometimes become two. There's a lot of attrition.

Dr. Kyo Jhin
Director of the Huntsville, Alabama Home Start Program

I am delighted to have this opportunity to share a few thoughts that I feel will be beneficial to all of us. TARCOG stands for Top of Alabama Regional Council of Governments.

When we had been in the program about three months, the Appalachian Regional Commission came to do a special article on our Human Resources Program entitled, "Top Speed at Top of Alabama: TARCOG's Human Resources Program Goes Into High Gear" (Appalachia magazine, October-November, 1972, Vol. 6, No. 2). In another section there is Clinch-Powell's special article, too; and in case you have not received this magazine, you can ask Dr. Randolph or me and we will be glad to send one to you.

The first five months we were able to utilize about 50 different agencies--national, regional, state, and local. When we had to make a presentation at the Atlanta Convention, we decided to make up a few charts. These are the charts I have with me. The red circles represent national or regional agencies who gave us assistance in our Home Start Program. The blue ones represent state resources; then the green ones represent local resources from our region. I am not going into detail about what we received from each one and so forth, but I can say that within the first five months we were able to utilize resources equivalent to $97,000 in in-kind contributions for our program. So we figure that by the time our program is over in 12 months we will have been utilizing at least $250,000 worth of resources. This is a very conservative figure.

I want to mention just a few agencies and what they have done for us. We are under the umbrella of the Local Development District, and we were able to utilize their good name, office, and influence with many politicians. (After all, politicians are the ones making the decisions.) One example is that we were able to send about 100 people to Canyon Land Park in northeast Alabama, which is sort of a miniature-sized Six Flags Over Georgia or a miniature-sized Disneyland. It would have cost $4.50 for each one to enter that amusement park, but we were able to admit 100 people free of charge. I will tell you how we were able to do this. We contacted the commission chairman of that county. He knew about our program, and we helped them to get a $750,000 vocational-technical school through the Appalachian Regional Commission. (We had helped to write the proposal.) I called and asked him if he would do us a favor. I told him about the 100 people we wanted to send to Canyon Land Park. Within 10 minutes I received a call from the director of the amusement park saying that we could send the 100 people. Grandmas, aunts, uncles, kissing cousins, out-laws, in-laws, and everybody went to the park.

I am using these examples to tell you that these things were all possible. The State Superintendent of Education came to visit our program, and because we knew the mayor of Huntsville, we were able to give the Superintendent a helicopter ride to see the TARCOG region. Then because we are under the umbrella of the Local Development District, we were able to utilize their fiscal agency. We didn't have to hire any bookkeeper to do our Home Start bookkeeping. That would have been at least $3,000. Of course, because of the State Department of Education's generosity, we were able to televise the "Around the Bend" television program without any charge to us. If it costs $100 for telecasting, which by the way has been televised throughout the state, it would have cost $17,000 alone. All the well-known departments (Health, Welfare, Education, and Agriculture) that were shown on the slides last night were used as resources.

Somebody said a thousand-mile journey begins with a single step. We feel that we have taken a

giant step toward helping children in our region. Let's take a look at some of the steps that we have taken to maximize the utilization of resources in the TARCOG area.

You have seen the side of the chart which shows the resources that we have received for our program. The other side shows our experience in sharing and helping other agencies. We were able to share with a number of national agencies and associations through conventions and conferences such as the American Association of School Administrators, the Appalachian Regional Commission annual meeting, the Appalachia Educational Laboratory annual meeting, and then the NAEYC Conference which I mentioned earlier. We will be participating in the American Psychological Association and a number of Local Development District conferences and leadership development conferences. From as far north as New York and as far west as California, we have received requests to know more about our Programs and to find out how we utilized so many resources. Of course, it is not simple, and I am not here to tell you this formula will work for you. It has, however, worked for us and I think if you adjust this technique to your own needs and your own area, some of these techniques may work for you.

If we want to utilize resources to the fullest extent, each of us must make a resource file of our own. This resource file can be gathered through the information which we may obtain from the telephone book, Chamber of Commerce, Director of Community Services, advice that we receive from other agencies (such as the Office of Child Development, and the State Department of Education), and professional journals as Young Children and Children Today.

In our office we have our resources file divided into five major categories: health, education, nutrition, psychological and social services, and parent involvement. It is my conviction that we are engaged in one of the most rewarding works in which man can participate. May I call your attention to the words of the late President John F. Kennedy, "The greatest resources we have in the United States are not in gross national product but in children, who are the hope of this nation and the world." Utilizing resources is not a simple task. It requires hard work.

May I close this presentation with these few thoughts: "When you help someone else up a hill, you are much nearer the top yourself." "Being one jump ahead is no good unless you are headed in the right direction." "Give the hungry man a fish and tomorrow he will return for more. Teach the hungry man to fish and he will feed himself for evermore." Someone said, "You must speak up to be heard, but you must shut up to be appreciated." Therefore, with this thought I close my presentation.

Mr. Barratt Wilkins
Instructional Librarian for the
Missouri State Library

During the course of the panel session, several participants volunteered information regarding additional resources. One who spoke out was Mr. Barratt Wilkins, Instructional Librarian for the Missouri State Library.

Mr. Wilkins spoke of the importance of library services for preschool children and mentioned several specialized library services available to handicapped children. The following is a summary of his remarks.

- Many state library agencies employ a specialist in library service to the institutionalized and handicapped. These specialists might be contacted by regional OCD personnel or Head Start directors about what specialized library services are available in their respective states.

- Many public libraries have developed outreach programs which provide specialized services to the handicapped.

- Local Head Start directors should utilize the children's service program--story hours, film programs, and children's librarians--of local public libraries in broadening the experiences of Head Start children.

- The 51 Regional Libraries for the Blind and Physically Handicapped should be contacted about their services to handicapped children. Mrs. Penny Peterson, Librarian, Wolfner Regional Library for the Blind and Physically Handicapped, St. Louis, made available an address list of the regional libraries. Particular mention was made of the "scratch-and-smell" books.

- Many people don't think of library service as an integral part of Head Start services. In only one Region (IV-Atlanta), besides Region VII-Kansas City, has library service been viewed as a resource to Head Start programs.

SUMMARIES OF THE SECOND AND THIRD DAY CONCURRENT TRAINING AND TECHNICAL ASSISTANCE WORKSHOPS

Spread over the three days of the conference were 15 concurrent workshops, six on the afternoon of May 23, and nine the following morning. It was understood that no participant could attend all workshops, but the formation of Regional Groups helped to solve the problem.

The Regional Group consisted of all participants, both OCD and non OCD from the same HEW region as well as various federal and voluntary representatives. These group members then determined among themselves the coverage of the workshop sessions and had the responsibility of sharing with the group any information received.

Below is a listing of the workshops by title and chairman. Summaries of each workshop comprise the remainder of this section.

- Workshop Number 1

  Needs Assessment: Identification, Screening, Diagnosis, Labeling--Stanley Walzer, M.D., Judge Baker Guidance Center, Boston, Massachusetts.

- Workshop Number 2

  Recruitment--Mr. Hilton Baines, Office of Child Development, Region V, Chicago, Illinois.

- Workshop Number 3

  Social Service Aspects of Working with the Family of Handicapped Children--Dr. Elizabeth Johnson, Office of Consumer Education and Information, Health Maintenance Organization Service, Rockville, Maryland.

- Workshop Number 4

  An Approach to Developing Constructive Staff Attitudes Toward Working with Handicapped Children--Mr. Jerry Lapides, Head Start Regional Resource and Training Center, College Park, Maryland.

- Workshop Number 5

  Regional Office Planning--Mr. Clennie Murphy, Jr., Chief, Regional Support Division, Office of Child Development, Washington, D. C.

- Workshop Number 6

  Summer and Full Year Program Designs--Dr. Laura L. Dittman, Institute for Child Study, University of Maryland, College Park, Maryland.

- Workshop Number 7

  A Training Symposium for Head Start Grantees: One Regional Approach--Mr. Jerry Lapides, Head Start Regional Resource and Training Center, College Park, Maryland.

- Workshop Number 8

  Programs and Plans for Collaborating with Head Start--Ms. Josephine Taylor, Bureau of Education for the Handicapped, Training Division, Washington, D. C.

- Workshop Number 9

  OCD/BEH Experimental Project--Dr. Alice Hayden, Director, Model Preschool Center for Handicapped Children, Seattle, Washington.

- Workshop Number 10

  OCD/BEH Experimental Project--Dr. Winifred H. Northcott, Minnesota Department of Education, Special Education System, St. Paul, Minnesota.

- Workshop Number 11

  OCD/BEH Experimental Project--Dr. Helen Beirne, Project Director, Special Services Delivery System for Handicapped Children in Alaska Head Start Programs, Anchorage, Alaska.

- Workshop Number 12

  OCD/BEH Experimental Project--Dr. David Shearer, Cooperative Education Service, Portage, Wisconsin.

- Workshop Number 13

  OCD/BEH Experimental Project--Ms. Anne R. Sanford, Director, Chapel Hill Training-Outreach Project, Chapel Hill, North Carolina.

- Workshop Number 14

  BEH Handicapped Children's Early Education Program--Ms. Barbara Geter, Rutland Center, Athens, Georgia.

- Workshop Number 15

  Role of Voluntary Agencies in Training--Representatives of Voluntary Agencies and Federal Agencies.

WORKSHOP NUMBER 1
NEEDS ASSESSMENT: IDENTIFICATION, SCREENING, DIAGNOSIS, LABELING

Chaired by: STANLEY WALZER, M.D.
Judge Baker Guidance Center
Boston, Massachusetts

There are at least two approaches or ways to proceed in designing a system for individual needs assessment of children.

In the first method, an increasingly sophisticated instrument could be developed that could assess physical, intellectual-cognitive, language and socio-emotional factors, using a variety of already developed screening and assessment systems. The present Head Start assessment and evaluative system could be replaced with an extremely sophisticated instrument which--no doubt--would ascertain a variety of developmental lags not currently being noted. From this, an intricate individualized program for intervention could be planned and executed.

However, in any national program there are constraints that must be accepted. It has been said that aside from the obvious constraint of availability and money, any "health service" is limited by:

- the quantity of personnel--both professional and nonprofessional--and their distribution;
- the facilities for inpatient and ambulatory care;
- the distribution of the population to be served as well as the population density--the ratio of health professionals to population; and
- the quality of these factors--both human and technological.

It would be ludicrous for us to develop a comprehensive screening and assessment system which--as a national program--would be doomed to failure because there were insufficient technologically expert people to carry it out, or insufficient centers for the required mechanization.

An alternative method would be to utilize the basic Head Start evaluative methods currently employed and to redesign some of them to make them more sensitive to eliciting specific developmental information required for individualization. We would also have to add other instruments, leaning heavily on those which utilize the Head Start workers themselves and the parents as the primary data source. Our aim would be to utilize professionals as necessary to fully evaluate the handicaps ascertained.

Much work must now be directed toward pulling together and developing the necessary instruments for evaluating the biological, psychological, and cognitive development of the individual children. We must also develop the methods for reducing the assessment and evaluation data to terms which make it available, understandable, and applicable for those individuals responsible for programmatic dat-to-day experiences.

With increasing emphasis on assessment and evaluation, new difficulties arise. We quickly introduce concepts of "normal" and "abnormal." The determination of "cutoff" points separating normals

from abnormals is very controversial--both morally and technically. Assessment must always remain a dynamic, ongoing procedure. At no point in time must a child or family be assigned to a definitive particular diagnostic category which--in itself--can be detrimental to normal growth and development.

Our system must identify the specific strengths and handicaps in each child and family--but it must be continuous and always changing, allowing for growth and development. Instruments for periodic reevaluation by the professional and paraprofessional staff must be developed.

Professionals obviously retain a crucial role in pulling together the developmental data on all children --but most especially with the seriously impaired child. Thus, they move to the forefront in the evaluation and program planning, and therefore the concept of "the diagnostic team approach" becomes extremely relevant.

What is also needed at this time is clear definition of handicaps (with levels of severity clearly stated) for use with the Head Start children.

NOTE:

The participants in this workshop used this introduction as a means of discussing many of the difficulties in this area. Representatives from diagnostic clinics, BEH Early Childhood projects, SRS-Title XIX, Early and Periodic Screening, Diagnosis and Treatment Program, The American Academy of Pediatrics, and others further explored ways of making these services more available to local communities.

Chaired by: MR. HILTON BAINES
Office of Child Development - Region V
Chicago, Illinois

Recruitment

Extensive and aggressive recruitment procedures are needed. New recruitment procedures should not only include present components but should reflect the needed changes. Normal or usual recruitment procedures will not suffice. Parents who have isolated themselves and their children will be missed in the normal recruitment effort.

Community Assessment

Local programs are required to submit a local community needs assessment. The assessment will provide the information that is needed by the Head Start agency. The following points were made in response to the possibility of parents demanding that slots be filled with children of a particular handicapping condition. (Highly organized special interest groups were used as an example.)

- Exclusionary policies could endanger the grantee's position in the community.
- Criteria must be established to demonstrate rationale behind exclusion.
- Part of the criteria should include staff capabilities.
- Priorities should be established in each program.
- What is not available should constitute a portion of the list of priorities.
- Special interest groups should be encouraged to assist in the recruitment process but also they should be able to provide training.

The issue that seemed to hold the attention of the majority of workshop participants was the method of recruitment (door-to-door; educational). Mr. Baines suggested that perhaps the best interpretation of aggressive recruitment is that on repeated occasions you inform other agencies of your responsibilities. If there are too many children who want to participate in the program, you should utilize the guidelines for Head Start (inasmuch as you are responsible to the Regional Office).

Additional Comments

- Programs should thoroughly know the areas from which they are to recruit.
- Recruiters should be carefully screened and identified.
- Advisory programs should be utilized to identify children.
- Public Health and church groups should be contacted to identify children.
- The suggestion was made that the medical advisory council be used to assist in identifying needs of the children and the appropriateness of staff competencies.
- Many recruitment processes are presently operating with regard to handicapped enrollees. We do not want to disturb these processes but to become integrated in and around them.
- Many state and public agencies have resources but do not have outreach procedures for

recruiting. Many OCD Head Start agencies have recruiting procedures but need assistance to get the job done.

- Recruiting process must be developed to account for parental attitude (including hesitations, inadequate knowledge, etc.).
- Usual recruiting procedures will not work.
- There are several ways to secure the 10 percent regional requirement; we are restricted to just one method.
- Head Start will allow for a facility in which handicapped children can be incorporated into the Head Start program. If you do not have the adequate facility, then this should be requested and considered when recruiting plans are set forth.
- Other service agencies can be beneficial in assisting Head Start with an adequate method for reaching handicapped children.
- Head Start should consider all handicapped children. The only exceptions are where the enrollment may prove to be detrimental to either the handicapped child or to the Head Start program's existing enrollees.
- Not all programs will be able to incorporate certain handicapped children.
- Program capability is a valid premise for serving or not serving handicapped children. A program may, on the grounds that they are incapable, choose not to serve handicapped children. However, they must present a written explanation for their position which must be investigated by the Regional Office.
- You must periodically assess the variety of handicapping conditions existing in the local communities in order to develop a program.
- Special interest groups should be tapped for professional assistance/additional manpower/ funding sources.
- It is possible to use a handicapped person for recruitment.
- Easter Seal has print-outs of handicapped children registries.
- National Center for Child Advocacy should be contacted for expertise.

WORKSHOP NUMBER 3
SOCIAL SERVICES ASPECTS OF WORKING WITH THE FAMILY OF HANDICAPPED CHILDREN

Chaired by: DR. ELIZABETH JOHNSON
Office of Consumer Education and Information
Health Maintenance Organization Service
Rockville, Maryland

Overall Objectives of Social Services

- Bring the family, the center, and the community resources together.
- Help parents to become advocates for themselves.
- Support parents in their role as "teacher" of the child at home.

Staff as a Problem

- Most staff who carry social services responsibility generally are limited by education and experience. Few have baccalaureate and/or master's degrees.
- Many social services staff are responsible for two or more components (e.g., social services, parent involvement, health coordinator, etc.).

Problems to Be Addressed

- How can social service personnel facilitate family adjustment to the child and enhance the developmental aspects of the child?
- What is the minimum knowledge base necessary to facilitate the social services activity with parents of handicapped children?
- What are some of the techniques in working with parents?

Basic Principles to Be Observed by Social Service Personnel

- Get to know the parent as a person so that you can help him grow into his own problem solving capabilities.
- The kind of understanding which will most constructively influence the course of a child's life is achieved by the parent in a way that integrates emotions, experience, and understanding.
- The ways in which the parents react to and cope with their child's handicap will be determined by their own psychological dynamics, life orientation, and level of actualization as individuals.
- The best way to help a parent facing this special life problem is to help him in his overall functioning as an individual.

Knowledge Base

- Interviewing skills - to facilitate relationships and help attitudes, guilt feelings.
- Definition of handicapped - philosophies, concept.
- Normal human growth and development - develop milestones.
- Knowledge (elementary) about cerebral palsy, deafness, mental retardation, etc.
- Skill in relating to different cultures, life styles.
- Knowledge of resources; develop directory to carry through to referrals and follow-ups.

Issues

- Define minimum knowledge base needed.
- Develop how-to's to go with requirements.
- Manuals and guidelines not sufficient - need group training sessions, need for in-service education program; ongoing, at realistic level to make available - take training to trainees.

- Need graphic audio-visual materials, self-instruction materials.

Recommendation

- Job description for social service person to re-define appropriate role

BEST COPY AVAILABLE

Chaired by: MR. JERRY LAPIDES
Head Start Regional Resource and Training Center
College Park, Maryland

Participants in this workshop were asked to examine their own attitudes toward the handicapped. There was much indecision, much discussion and the following determinations were gained from this session.

- Negative attitudes toward the handicapped can be changed.
- Not every person can relate positively to handicapped children; therefore, not every person is suited to working with them.
- If staff attitudes are good, staff members may be able to effect changes in parent attitudes constructively.
- Nonprofessionals may well be better suited or equally suited to working with handicapped children than professionals.
- It is important to find a teacher who can relate to handicapped children and then work toward training this teacher in the necessary skills.
- Handicapped children respond to love and kindness but they also respond to hate and unkindness.
- Parents do not always have positive attitudes toward their own handicapped children.
- Working with handicapped children, whether as teacher or parent, is not easy.
- Although handicapped children are more like normal children than different, provisions must be made for the differences.
- Parents of handicapped children can be of much help to those who are working with their children in the center.

Comments

- The presence of a handicapped person and parents of handicapped children gave opportunity for questions and answers between participants.
- One parent of a handicapped child stated that the best advice she had ever had was that given her by her physician at the time the child was born:
  - love your handicapped child; really love him or her--or he will know you do not love him or her;
  - ask yourself if you would help your normal child with a task--if not, don't help;
  - never say, "poor little thing"--and don't permit others to;
  - never say, "I'll do this because you can't."

WORKSHOP NUMBER 5
REGIONAL OFFICE PLANNING

Chaired by: MR. CLENNIE MURPHY, JR.
Chief, Regional Support Division
Office of Child Development
Washington, D.C.

The workshop on Regional Office Planning was composed of 25 staff persons from individual regional offices and representatives of other agencies (federal and non-federal) that the regions had invited. The workshop's general purpose and major efforts were concentrated on getting the group to interact and share planning ideas relative to developing some workable strategies and recommendations concerning Headquarters and regional roles and responsibilities for serving handicapped children in Head Start programs, carrying out congressional legislative mandates and implementing OCD policy for planning requirements. The following comments represent an overview of the group discussions and key issues raised during the course of the workshop sessions.

Enrollment of Handicapped Children

In the planning process for implementing the 1972 Congressional Amendments to the Economic Opportunity Act, each Region must make available at least 10% of its enrollment opportunities to handicapped children.

The problem of enrolling handicapped children in the regular Head Start program is of concern to each Region because it will be necessary to insure that adequate services are provided for the handicapped child.

As a result of these concerns, each Region must provide in their plans for training opportunities to deal with the new skills that must be gained to successfully integrate handicapped children into the regular Head Start program.

Areas of Great Concern Were:

- orientation/attitudes;
  - parents,
  - staff,
  - community,
- individualizing the curriculum;
  - building self-confidence,
- finding other community resources to supplement Head Start resources, i.e. establishing cooperative relationship with other agencies;
- screening/diagnosis;
  - identifying handicapping conditions,
- classroom activities;
  - especially the design to insure the severely handicapped child will be able to participate in meaningful activities in the classroom,

- labeling;
  - prevent either stigmatizing of handicapped children or differentiation of children in Head Start classes.

Legislative Mandate

Workshop participants discussed various alternatives for fulfilling the Congressional mandate as well as discussing the pitfall which Regions may encounter by trying to meet the Congressional mandate at the cost of quality services. Examples given for some of the various alternatives discussed were:

- coordinating Head Start activities with existing programs in the community that serve children with special needs, i.e. Easter Seal, etc.
- combine the variation in Center attendance with the Home-based option;
- establishment of Demonstration Centers or Model Head Starts in sub-regional areas to provide ongoing technical assistance to other Head Start programs.

Regional Head Start Handicapped Planning

Group discussions primarily were centered on defining planning needs, problems and requirements, anticipated at local and regional levels. Mr. Murphy informed the group of National Head Start objectives and also informed them that regional proposals must show what each grantee intends to accomplish in their efforts to provide Head Start services to handicapped children. In his elaborations, he cited the following four basic approaches that regions could consider.

1. Regions should work out cooperative arrangements with grantees.
2. Regions should survey the needs of the area served by grantees with regard to numbers of preschool handicapped children, types of handicaps, existing and needed services.
3. Regions should mobilize and establish agreements with existing local, area-wide, state, federal, public and private resources to bring them to bear on the ability of grantees so that they may effectively serve handicapped children.
4. Regions should provide for training of local Head Start staff geared toward effectively serving handicapped children.

In addition, Mr. Murphy suggests that plans should include:

- a system for identifying the needs of the handicapped child as well as alternative delivery systems for providing the necessary services;
- a system for referring individual cases to other community groups when necessary; and
- a brief description of what services are presently existing in the community and the adequacy or inadequacy of these services.

Summary

In conclusion, the planning workshops provided many of the participants an opportunity to ventilate some pressing concerns which confronted them as they related to the administration of programs serving handicapped children. Simultaneously, the sessions served as an outlet for defining planning requirements and for developing comprehensive plans to improve the quality of delivery and services to handicapped children. On this topic, Mr. Murphy stressed the need for regions to develop a system which can be

responsive to the identified needs of their individual grantees where practical and feasible.

Chaired by: DR. LAURA L. DITTMAN
Institute for Child Study, University of Maryland
College Park, Maryland

There was no discussion of the summer guidelines, and the chairman was not able to steer the group to this topic. These guidelines, however, had stimulated an interest in several topics, which served as the primary themes for the afternoon.

The Concern that not Enough Had Been Done for Normal Children, Let Alone Those with Handicaps

Grudging consent was given to the point of view that systematic identification and utilization of available community resources and consultants could result in better services for all children.

Training Problems

Considerable material was presented by Dr. Ernest Gotts, University of Texas, Austin, who is affiliated with a program that has been in operation for handicapped. His requirements for training and processes were of interest to all present.

The Use of Volunteers

Experience underlines the need for training of volunteers and necessity to establish a minimum of time to be given to the project. Several days a week seem to be necessary to insure that the volunteer can be productive and well informed about the children.

The Source of Personnel

Should one look to special education or to early childhood education for potential staff? Dr. Klein felt that the special education person brings confidence in working with these children and can be given training in the special needs of the young child. Dr. Dittman felt that the early childhood person had a point of view which could readily take the needs of the handicapped child into account. The consensus was that both staffs would need supplemental training to work well with handicapped preschool children.

In addition, there was time for each of those present to elaborate on the efforts of his program, particularly the special achievements or concerns experienced in that program setting.

WORKSHOP NUMBER 7
A TRAINING SYMPOSIUM FOR HEAD START GRANTEES: ONE REGIONAL APPROACH

Chaired by: MR. JERRY LAPIDES
Head Start Regional Resource & Training Center
College Park, Maryland

The Task

- To provide a large number of Head Start personnel with an orientation to Head Start commitment to serve handicapped children.
- To provide participants with an overview and characteristics of handicapped children and develop community resources.

NOTE:

Do all of this in the shortest time frame possible.

The Format

- Training a large group (over 60) by trainer assuming a "Tavistock like" posture, utilizing small participant "support groups" to process, analyze and represent learnings.
- Providing numerous (as many as there are participants in the smallest support group) skill modules with expert consultants for learning "how to do it..."
- Providing time for support groups to share module learnings.
- Requesting "a product"--namely, "back-home training." (See attached.)

Rationale

This process is not designed to provide answers, only to train participants to know what questions to ask.

Participants learn best through experience, sharing, and by demonstrating what they learn to their peers. Consequently, the "support group" becomes the basic mode of learning through sharing and telling, analyzing and representing learnings in some creative way to the assembled group. "Back-home planning" is the other product of the training. Attitudes, skills, resources are developed by participants in their support group, through opening relationships with other Head Start personnel and community resource people. The whole format can and should be replicated in whole or in part at the local level.

Geography

Training is done in a convenient geographical, practical cluster which conforms to state regulations, social service planning district or health planning district.

Participants

A suggested list of participants would include: Head Start directors; Head Start educational directors/supervisors; Social Service supervisors; Parent Involvement workers; a representative parent; selected teachers; Health worker; Mental Health worker or psychologist and/or supervisors. Additional participants might include: representatives from the local Health department; Social Service department; voluntary agencies serving handicapped children such as Cerebral Palsy Center,

Easter Seal, Mental Retardation Centers, State Association for Retarded Children, Developmental Disabilities, etc.

NOTE:

The "guests" should be asked to participate, not present; thus they can and do develop personal relationships with the Head Start family for further contacts and training.

Objectives

- Orient participants to Head Start's commitment to serve handicapped children.
- Provide participants with an overview and characteristics of handicapped children.
- Provide participants with some knowledge of how to work with handicapped children in an integrated setting.
- Provide participants with skills, contacts and materials to identify community, educational, medical resources who serve handicapped children for ongoing contacts, recruitment and training.
- Provide Head Start participants with a replicable training model so that they may repeat the training and activities in the local level for staff and parents.
- Identify local consultants for further training and skill development.
- Provide parents with knowledge and understanding of Head Start's commitment to handicapped children.
- Provide an opportunity for sharing experiences, knowledge and training so that participants will share "back-home."
- Provide an atmosphere for learning, sharing and resource development.
- Identify participant attitudes towards handicapped children.

Procedure

A two (2) day symposium at a residential setting.

Materials

Each participant receives a kit which includes:

- a pad and pen for journal;
- Transmittal Notice, Head Start Policy Manual;
- OCD Notice N-30-333-1;
- Agenda;
- "Back-home Planning"; and
- list of local resources.

NOTE:

Optional, Day Care No. 8, Rainbow Series Number 13, Film List, Consultant List, etc.

Space

Arrange for a large auditorium-like room (1) with smaller rooms available for modules and support groups. There should be plenty of coffee and tea.

NOTE:

Residential training is best to insure the interfaces of Head Start personnel, community resources and trainer/consultants.

SUGGESTED AGENDA

DAY 1

9:00 - 9:30 AM	Registration:	Coffee and buns.
9:30 - 10:00 AM	Greetings:	Some important personage working with handicapped or college president or C. E. C. chapter president, etc.
	Administrivia:	Facilities, etc.
	Outline of Objectives:	
	Outline of Schedule:	

> Note: This first formal contact is very important. It should begin on time. Time and boundaries should be rigidly adhered to. It is also important to point out that the symposium is two (2) days in length, designed in such a way that one must attend in order to derive full benefits from the program.

10:00 - 11:00 AM	Keynote Address:	If possible, bring an important National OCD person or Regional Office V. I. P.
	Purpose:	To inform participants of importance of task. Explain legislative mandate, respond to questions regarding mandate, guidelines, etc.
11:00 - 12:00 Noon	Dyadic Encounter:	40 minutes.
	Purpose:	To provide an opportunity for each participant to become acquainted with another participant (not from their program) for future contacts, sharing of ideas, exchanging impressions.
	Source:	"A Handbook of Structured Experiences for Human Relationship Training," Vol. I, II, III. or "Building Teams" from the same source.

> Note: It is essential to provide a task to facilitate the formation of the support group. A task could be: identify resources in your group or plan a group vacation or decide if you want to break for dinner and go till 8:30 or continue straight through until 6:30.

	Form Support Group:	(Up to 8 people) - 15 minutes.
	Purpose:	To provide an informal setting for participants to share ideas, exchange learnings, exchange views, evaluate activities, maintain journal.
	Journal:	
	Purpose:	To generate the data needed to activate support group. The following questions should be responded to in the Journal: • What did I learn today? • How can I put together what I learned today for back-home sharing? • What more do I need/want to know? • How do I feel? Why? • Am I going to change? Attitudes? Ideas?

Note: The Journal is private.

12:00 - 1:30 PM	Lunch:	
1:30 - 3:30 PM	Who Are the the Handicapped?	A verbal and visual presentation on Handicapped and Handicapping conditions.

Note: Speaker should be a specialist in the area of special education who believes in mainstreaming. Source can be this writer's material: Exceptional Children in Head Start. Films can and should be included, e.g., "We Can Grow." (See OCD National Workshop film list.)

3:30 - 3:45 PM	Break:	
3:45 - 4:45 PM	Experiential Process:	Identify your attitudes toward handicapped children.
	Purpose:	Have participants identify their attitudes toward handicapped children without judgment, participate in exercise in order to have the experience for repeating the process back home or dialogue with Community Resources or other experiential activity that will get participants to move about.

4:45 - 5:00 PM	General Session:	Analyze experience. Charge the support group.
5:00 - 6:00 PM	Support Groups:	Meet to analyze day's events, learnings, record in journal. Prepare a creative presentation of the day's learnings, either a visual, a skit, paper bag dramatics, "sandwich board," anything.

Note: Trainer should have available in sufficient quantity scissors, crayons, magic markers (assorted colors), construction paper, string, wool, glue, felt, cloth, etc.

6:00 - 7:00 PM	Town Meeting:	Support groups present their creations. Total assembled group discusses day's events, gripes, and may make suggestions for the next day's sessions. Support group to decide who goes to what module.

Note: In a residential setting, it may be desirable to break at 5:00. Have support group meet over dinner; reassemble the participants at 7:30 or 8:00 for the culmination of the day's activities.

It may also be beneficial to assign a facilitator/consultant to each support group if staff is large.

Being on time, starting and ending is essential. It sets the norms for the symposium. Participants who come late should feel and know that they missed something. I begin on time even if there are only two participants. I don't repeat anything I have said. If participants have missed out, they can ask those who came on time. They won't be late again.

7:00 Have a good time!

DAY 2

9:00 - 9:15 AM	General Session:	Describe the day's events. Re-emphasize the importance of the support group, back-home planning, and other important issues.
9:15 - 10:30 AM	Modules:	

Note: At least 8 modules covering different topics. Each support group will send a representative to a module. Module leader should have a handout-outline of module objectives and procedure. Participants are expected to tell what they learned to their support group.

	Purpose:	To provide participants with the widest possible exposure to ideas, skills, consultants, and issues in order to know what questions to ask and how to plan for back-home training.
	Sample Modules:	• Interagency cooperation and communication. A "road map" to community, state agencies. • Issues in the education of handicapped children. Individualizing for children's needs. • Classroom activities for hearing-impaired children. • Classroom activities for visually-impaired children, etc. • Parent counseling. • Health services--medical aspects of handicapped children. • Adapting physical facilities and teaching methods to working with physically impaired children. • Administration, supervision and planning for training of Head Start staff.
10:30 - 10:45 AM	Coffee Break.	
10:45 - 12:00 Noon	Support Groups:	Meet to share learnings and seek consultants for special needs.
	Purpose:	To provide experience in sharing. Learn how to negotiate with consultant.
12:00 - 1:00 PM	Lunch.	
1:00 - 1:15 PM	General Session:	Reassemble back-home group. Restate and explain back-home training plan. Request back-home training plan (steps to be taken to effect plan) by 2:45.
1:15 - 2:45 PM	Back-home Groups:	Meet to develop steps for back-home training. Consultants should be available for contracting for back-home training.

2:45 - 3:15 PM	Review and Evaluation of Symposium:	Either by "Dear Staff" letter in which each participant states what they learned and what they would do if they were in charge, or use a reaction form you have developed. Collect back-home training plans.
	Good-bye!	

Note: Consultants should be available to respond to questions, meet special needs, and encourage participants to contact them for further training.

The "Tavistock posture" of rigidity, coolness, time-keeping and apparent power by the lead trainer facilitates the accomplishment of the objectives and the smooth transition from one activity to the other. The support group time "absorbs" any anxiety, hostility or rebellion created by this posture. Consequently, support groups are an essential process to the success of the symposium and they facilitate working with large numbers, 150 plus, by one or two trainers. The National Workshop is a good example of this.

Back Home Training

Rationale

Provide an opportunity for back-home group to design training events necessary to prepare local staff, parents and community for the enrollment of children with special needs.

Procedure

Back-home group will meet and design the training events based on learnings from Symposium. Each back-home group is encouraged to call on any of the resource people present here to act as their consultants.

In designing the training events, it is suggested that you follow the following format:

- Goals/Objectives.
  - List the goals, skills that you wish to attain.
  - Be specific.
- Identify current level of performance, knowledge, skills among your staff, parents, community.
  - What skills are available?
  - Who knows what?
  - Who knows whom?
- Groups related to the accomplishment of the goals.
  - List who is to be trained.
  - Don't foreget: cooks, teachers, parents, etc.
- Set priorities for goals.
  - Which goals/objectives are most important?
  - When?
  - "You can't do everything."
- Methods to be used in training, how are you going to do it?
  - Inservice day.
  - Course work.
  - Special technical assistance.
  - Love in, etc.....
- Resources used in training.
  - People resources.
  - Community resources.
  - Films.
  - Places to see.
  - Colleges.
- Projecting a training calendar.
  - When are you going to do it?
- Evaluation/feedback.

How will you know that you have accomplished your training objectives? If you stated your objectives explicitly, your evaluation should follow directly.

Source: Training Format for Training Delivery
Prepared by Task Force II; Department of
Health, Education and Welfare, Region III

Chairperson: Denise M. Johnson, Training-
Staff Development Specialist

Modified: J. Lapides, Ed. S. Training
Specialist

University of Maryland
Head Start Regional Resource & Training
Center
4321 Hartwick Road, Suite L 220
College Park, Maryland 20740

Chaired by: MS. JOSEPHINE TAYLOR
Bureau of Education for the Handicapped, Training Division
Washington, D.C.

The Bureau of Education for the Handicapped, through its Division of Training Programs, provides financial support to over 500 personnel preparation programs located at institutions of higher education, and state education agencies. These programs prepare educators and other specialists, who provide direct service programs for the handicapped, including preschool children.

Many faculty and staff members associated with programs have professional training and experience in providing educational and clinical services to preschool handicapped children. In addition, many students in advanced phases of professional preparation are assigned to practicum experiences in facilities which provide programs for the handicapped.

The workshop participants were given a directory of the State Departments of Special Education. In addition, lists of certain BEH-funded university training programs placing particular emphasis on the preschool child with a handicap were distributed. The participants discussed ways in which BEH training resources could be tapped by local Head Start programs.

WORKSHOP NUMBER 9
OCD/BEH EXPERIMENTAL PROJECT

Chaired by: DR. ALICE HAYDEN
Director
Model Preschool Center for Handicapped Children
Seattle, Washington

The essential purpose of the workshop was to give the individuals who had gathered an understanding of the nature of the three models that were being developed and tested to assist Head Start in its endeavor to deliver special services and appropriate educational programs to handicapped children integrated in Head Start centers throughout the country.

Dr. Hayden stated that the OCD/BEH Head Start training project was aimed toward the development and testing of three replicable models: namely, the assessment-referral-follow-up model; the staff training model; and the integration model. Dr. Hayden emphasized the fact that the models were still in the development and testing phase.

Mr. Sam Delaney, Co-Director of the Project, explained the assessment-referral-follow-up model. Workshop participants were particularly interested in this model as it provided an opportunity to insure that not only were special needs identified, but appropriate services were being delivered. One of the participants in the workshop commented that he felt that this was truly needed in all child care programs and that the element that he appreciated about the model was that it took the child and his family beyond the simple "this child has this particular problem" stage and provides the programs with an adequate system of involving the parents and the community in the provision of special services and related educational programs.

Copies of the model in its present stage of development were not distributed to participants. Mr. Delaney explained that the model was still being tested and that it would be released when the various testing efforts demonstrated the model's ability to address the needs of the Head Start community.

Dr. Hayden explained the staff training models and reviewed the components of these training models. She illustrated her presentation by distributing copies of a communication model and indicated that other models for the development and sequencing of self-help, motor, social, and pre-academic skills were in the process of development. Workshop participants were enthusiastic about the prescriptive capabilities present in each of the models. Dr. Hayden distributed copies of materials that outlined the basic structure of the models.

The integration model was discussed and was accepted with the same interest as the models previously mentioned. In essence, the model is being developed to identify the competencies that are necessary for successful participation in the school system mainstream or regular kindergarten and first grade classrooms. When a classification system of competencies has been developed, the staff can be

trained to individualize and appropriately sequence programs in order that children may attain basic competencies.

Dr. Marshall Schechter, National OCD Consultant, presented a few of his reflections from a recent site visit to the OCD/BEH Project in Seattle. Participants were very appreciative of the information presented by Dr. Schechter as this provided them with an understanding of what has been accomplished and the methodology that has been employed to accomplish the gains made in a very brief period of time. Mr. Sam Delaney also commented about the very effective and supportive roles played by the staffs of the Central Area Motivation Program (CAMP) Head Start program and the regional and national offices in helping the OCD/BEH Project attain the progress it has had to date.

In summary, the workshop was an excellent opportunity to provide the participants with an understanding of the efforts that are being put forth to assist Head Start Programs to provide special services and appropriate educational programs to children having special needs. As a result of the workshop, several requests have been made to visit the OCD/BEH Head Start Training Project in Seattle, Washington, and for staff training in some regions.

Chaired by: DR. WINIFRED H. NORTHCOTT
Minnesota Department of Education, Special Education System
St. Paul, Minnesota

Discussion evolved around several basic premises outlined by Dr. Northcott which related to the uniqueness of early educational intervention for handicapped children, and to the assumption that during the pre-primary years, the center of learning for the young child is in his home and his parents are his first, informal teachers.

The group was of the opinion that the focus should be on services available to children and resource specialists required by children with certain developmental and behavioral needs, without the necessity of pinning a medical label on the child.

Group consensus was that educational services cannot be separated from the health care system and must include continuing support to parents in the form of education, guidance and counseling.

There was concern for the implications of integration of handicapped children in Head Start programs, as far as the requirement for future modifications in teacher training programs and inservice training of existing staff is concerned.

Discussion related to the need to recognize the wide range of differences among parents (parent-without-partner to unidentified parent) and the selection of appropriate staff to relate to each in order to encourage their response to available services; the roles of parent (as individual, informal teacher, observer, reporter, community worker, etc.); the members of the multidisciplinary team to serve the family as well as the handicapped child himself.

A distinction was made between the handicapped child who might better be served in a specialized facility and the one for whom placement in a peer group of non-handicapped children would provide optimum chance to develop his social and intellectual capacities to the fullest.

Chaired by: DR. HELEN BEIRNE
Project Director, Special Services Delivery System for
Handicapped Children in Alaska Head Start Programs
Anchorage, Alaska

Discussion centered around a description of the project in terms of its objectives, target population, services, staff roles, and cooperation with other agencies. The following paragraphs summarize the major points.

Purpose

The purpose of the project is to develop a system of comprehensive services to all possible categories of handicapped children and families in Alaska Head Start Programs. To accomplish this purpose, there is needed a "Core Group" of professionals and paraprofessionals working directly with the Head Start programs and dedicated to the delivery of all health and special services which are indicated for the handicapped involved. In this context, "handicapped children" is defined as including mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, physically handicapped, crippled, or other health impaired child or children with specific learning or other disabilities who by reason thereof require special education and related services.

The objectives of the program are to

- demonstrate the feasibility of keeping identified handicapped children in the present Head Start programs and the integration of those who have not been able to enter because of a handicap;
- develop an awareness in Head Start staff to possible handicapping conditions and teach gross screening techniques which can be utilized for tentative identification;
- develop a health and education service delivery program to meet the identified needs of the children by coordination and supplementation of existing delivery systems;
- assure that the delegate programs have preventive, identification, evaluation, treatment, and education services in all health and educational areas for handicapped children;
- develop an educational prototype for the orientation of Head Start teachers, Field Training supervisors, Family Services aids, and Health aids in techniques of identification, education and integration of handicapped children in the Head Start program;
- demonstrate alternative roles for Head Start staff in serving handicapped children and develop replicable approaches to staff training;
- demonstrate replicable approaches to parent and family participation in the development of the handicapped child in Head Start;
- demonstrate a continuity of services to handicapped children between Head Start and the early school years; and
- develop procedures to evaluate the effectiveness of the services promised in each program component.

Identification of Disabilities

Approximately 200 children from Head Start Centers in Anchorage, Chugiak, and five rural villages (Delegate Programs) as well as approxi-

mately 900 children from Fairbanks Head Start and rural Head Start and Parent Child Centers (Spin-Off Groups) are served by the program. Studies have shown that approximately 25% of these children now need or will need special attention for various or multi-handicaps.

Identification procedures are somewhat different in the urban areas (Anchorage and Chugiak) from the five rural villages. In both programs, however, the intent is to initiate the identification program from the teacher-parent awareness level. Teachers in the Delegate programs are being trained through an on-site university accredited course (urban) or a university accredited correspondence course (rural) to recognize those characteristics which might indicate a handicapping condition in a child and which are apparent enough to be recognized by observation and/or gross screening.

Other than being a teaching mechanism, this course serves another purpose in relation to the gross screening of Head Start children. At the end of each lecture and in conjunction with the assignment which the teacher has to complete is a check sheet relating to each area of development or disability which is being considered. The teacher is expected to fill out a check sheet on every child in the Head Start class. This is returned with their assignments. By the end of the course, the check lists returned to the core group give a teacher's profile on every child. This can be a very valuable tool, not only for the teachers and the health aides in the village, but for those who attempt to make the decisions regarding the degree of handicap of the child.

Educational Media for Early Education of Language Impaired Children

Dr. Beirne displayed a brochure of teaching materials for parent, professional, paraprofessional, community, and teacher training. Examples include:

- pamphlets - "Give Him the Word" which depicts in a simple and humorous manner the development of language in a child;
- filmstrips - "Ear Care for Alaskan Children" - produced in cooperation with the Alaska Native Medical Center and the University of Alaska;
- video tape series - "Total Communication" - a series of 27, 20-minute tapes primarily for the training of teachers and parents involved with the severely hearing-impaired child; and
- teaching syllabus - "Basic Development and Developmental Disabilities of the Preschool Child" - a series of 13 lectures taught by correspondence and sent to the Head Start teachers. During the 1972-73 school year, fifty-two teachers completed this course.

Chaired by: DR. DAVID SHEARER
Cooperative Education Service
Portage, Wisconsin

Slide-Tape--"Portage Project"

The "Portage Project" is an early education home training project, serving handicapped children from birth to school age in South-Central Rural Wisconsin.

The child and his parent are served by an educator coming into the home, one day per week for 1½ hours. The teacher teaches the parent how to work with the child, and the parent then teaches and records behavior for the remainder of the week.

Caryl Stella--How Head Start and the "Portage Project" Worked Together Initially

The Central Wisconsin C.A.P. Agency presently conducts seven Head Start Centers in the approximate geographic area of C.E.S.A. No. 12. Some of the children in the centers were being served by the "Portage Project" as well. The teachers from the Project met often with Head Start teachers to explain the activities being carried out in the home, and to offer suggestions for incorporating needed activities for the children into the Head Start curriculum.

The Head Start teachers began to look to the "Portage Project" teachers for curriculum suggestions and behavior modification techniques for other children in the classroom.

When the collaboration proposal was submitted, it evolved from this already working relationship on an informal basis to a concrete and specific program.

David Shearer--Staff Training

The basic goals of this project were:

A. to train teachers, aides and parents to
   - aid in assessing present behavioral competencies of individual children,
   - pinpoint emerging behaviors of individual children, and
   - teach recording procedures--baseline and postbaseline;

B. provide technical assistance for children with special needs by referring through normal Head Start referral channels to
   - speech therapy,
   - medical evaluation,
   - psychological evaluation,
   - crisis teacher for individual work and staff training and developing prescriptive goals based on an educational evaluation, and
   - Developmental Evaluation Center--Central Colony;

C. develop and implement a program for carry-over of precision teaching techniques into the home, with parental recording of data at home, and pre and postbaseline taken by Head Start staff;

D. develop weekly inservice meetings devoted to curriculum planning and implementation;

E. provide dissemination and encourage replication of program phases for

- dissemination of
  a. conferences,
  b. newspaper articles,
  c. workshops,
  d. local service groups, and
  e. slide-tape A-V presentations,
- replication (target groups--other Head Start Programs and Day Care Centers).

F. provide carry-over into school by

- information meetings with school personnel (specifically all kindergarten teachers in Head Start area--done separately on a school district basis),
- providing kindergarten teachers with a "developmental profile" of a child's present level of functioning in five areas of growth and a list of emerging skills, and
- being available to the teachers during the year--on request,

G. provide ongoing evaluation of

- children,
- parental involvement, and
- all aspects of training program using pre and post tests and success ratio of prescription implementation,

H. further increase the enrollment of handicapped children in Head Start and Home Start Programs.

Jean Hilliard--Role of Crisis Teacher

A master teacher was supplied to each Head Start classroom in CWCAP. The master teacher spent at least one day per week in the classroom. This schedule was flexible so that the crisis teacher could be on call by the Head Start teachers.

The crisis teacher demonstrated or modeled, within the classroom, assessment techniques, teaching techniques, individualized curriculum planning and behavior modification techniques. The crisis teacher also demonstrated precision teaching and recording behaviors. The techniques were taught to all Head Start staff, including parental volunteers. Ongoing assessment was conducted by the staff under the direction of the crisis teacher, with prescriptions for remediation written by staff and parents for activities to be carried out at the Center and in the homes.

The crisis teacher demonstrated home visit technique by going on home visits with the Head Start staff.

The crisis teacher maintained a record of information that would document changes that occurred as a result of her involvement. This information included:

- the name of the targeted child or other children she was working with,
- the prescription made,
- baseline data,
- postbaseline results after a week's instruction,
- the reinforcement used,
- whether the child learned the activity (achieved criterion level),
- who initiated the prescription,
- who carried out the activities, and
- if the activities were carried out in the home, school, or both.

This recording system enabled the Project staff to determine what behaviors had to be taught to children as a result of assessment.

The crisis teacher also attended parent meetings and assisted staff in making contacts with other community resources.

Chaired by: MS. ANNE R. SANFORD
Director, Chapel Hill Training - Outreach Project
Chapel Hill, North Carolina

A slide presentation of an overview of the Chapel Hill Outreach Project focused on

- current Outreach activities,
- training materials,
- services to Head Start, and
- proposed collaboration with OCD.

Overview of the Project

The primary goal of the Chapel Hill Outreach Project (formerly the Chapel Hill Preschool Project) is to provide early education interveation for young developmentally handicapped children throughout the State of North Carolina. Seven children between the ages of three and eight receive direct services in the project's demonstration classroom housed with the Division for Disorders in Development and Learning (DDDL) on the University of North Carolina campus. The major thrust of the project, however, is to reach out to thousands of handicapped children across the state and to promote change in the community through intensive training programs for kindergarten through third grade teachers and for personnel who staff North Carolina's Head Start and day care programs. Now in its fourth year of operations, the project staff provides technical assistance and conducts workshop series for more than 400 professionals and paraprofessionals, extending to them the methods, materials, and curriculum developed and tested during the project's three years as a demonstration preschool program.

The project's educational approach emphasizes individual prescriptive programs for both children and their families. Techniques demonstrated in the classroom and presented in training sessions include behavioral assessment, establishment of developmentally appropriate objectives, task analysis, and the systematic use of reinforcement. Practical materials developed by project staff include a 45 week curriculum guide and a Learning Accomplishment Profile (LAP)--a developmental assessment device prepared by Anne R. Sanford that can be used by untrained paraprofessionals as well as professionals to establish individual pupil objectives and to program appropriate activities and materials for each child.

The project has been able to extend its outreach services to programs in eight areas across the state and, at the same time, to continue its direct service component by bringing together the coordinated resources of many agencies and educational institutions; including the North Carolina Council on Developmental Disabilities, the University of North Carolina, the Chapel Hill-Carrboro Public School System, and North Carolina's Technical Institutes and Community Colleges.

A focal point of the program--both the classroom program and the training workshops--is the Learning Accomplishment Profile (LAP): it is representative of the philosophy of developmental assessment, establishing behavioral objectives and implementing an appropriate curriculum. The Learning Accomplishment Profile is a two-part format intended to increase the teacher's ability to identify more precisely:

- specific behavioral objectives;
- level of response capabilities;
- appropriate instructional materials and methods; and
- evaluation of teacher and pupil achievement.

The first section of the LAP is designed to provide the teacher of handicapped preschool children with a simple, behavior-oriented evaluation of the child's existing skills. It contains a hierarchy of developmentally appropriate behaviors drawn from normative data in the following areas: gross motor, fine motor, social skills, self-help, cognitive and language development.

The section is used to record behaviors present when a child enters the program, to establish appropriate behavioral and skill acquisition objectives throughout the year, and to record the date these objectives are accomplished. As a recording device, the LAP reduces the emphasis on anecdotal data and can facilitate evaluation of both teacher and pupil performance. A sample from this section of the LAP is presented on the following page.

The second section of the LAP is a task-level hierarchy intended to guide the teacher in planning and sequencing skill development for each child. Here behavioral objectives are translated into very specific writing, self-help and cognitive sub-skills presented in sequential order, together with a range of tasks proceeding from the simplest kind of learning through the more complex. Teacher cues, materials, and other variables affecting learning--structured to elicit a correct response--are suggested for each task level.

This section of the LAP also encourages precise record keeping. It is used not only as a guide for the teacher in sequencing tasks and selecting appropriate materials, but as an individual pupil record where task mastery and date of achievement are logged. Together, the two sections of the LAP serve as an ongoing evaluation device and a foundation for year-end individual pupil evaluation reports. With its focus on identification of developmentally appropriate skills, the Outreach staff consider the Learning Accomplishment Profile a meaningful departure from the typical "testing" situation which offers little more than a statistical comparison of the handicapped child with a normal population.

Fine Motor - Writing

Behavior	Age	Entry Date	Date of Achievement	Comments
Scribbles spontaneously	13 mos.			
Imitates V strokes	24 mos.			
Imitates circular stroke	24 mos.			
Holds crayon by fingers	30 mos.			
Imitates V and H strokes	30 mos.			
Copies circle	36 mos.			
Imitates cross	36 mos.			
Traces diamond	42 mos.			
Copies cross	46 mos.			
Copies V and H	48-60			
Draws man with two parts	40 mos.			
Draws simple house	48-60			
Prints a few capitals	48-60			
Prints capital initials of own name	48-60			
Holds paper with other hand in writing	48-60			
Draws 3 bubbles correctly	54 mos.			

Chaired by: MS. BARBARA GETER
Rutland Center
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Overview

The Georgia Psychoeducational Center Network is a state-wide system of community-based centers, each of which provides psychological and educational services for severely emotionally or behaviorally disturbed children, from birth through fourteen years of age, and their families. Initiated in 1972, the network now consists of 15 centers in which mental health experts and educators pool their resources to solve the special problems of these seriously troubled children.

What Makes the Network Unique?

- It is comprehensive. Each child referred to a psychoeducational center may receive a full range of services, including thorough diagnosis, treatment, periodic evaluation, and follow-up.
- It is a cooperative effort by the communities' mental health and teaching professions, capitalizing on the benefits of a team approach utilizing psychologists, psychiatrists, educators, social workers, and volunteers.
- It is community-based and offers help to a group of children who are usually excluded from schools and often isolated from friends and family. Instead of being boarded in an institution, children remain with their families and receive the services they need in a psychoeducational center close to them. Usually they remain enrolled in a regular school program while receiving center help.
- In addition to serving children, the network also offers assistance to parents and regular school teachers who may influence and help disturbed children, but who frequently need guidance in order to be effective.

How Is the Network Supported?

The Georgia Psychoeducational Center Network is funded by the Georgia General Assembly through the Georgia Department of Education, Special Education Program, and the Georgia Department of Human Resources, Division of Mental Health, in cooperation with local school systems and community mental health centers.

Each regional center serves the mental health district in which it is located with a board comprised of local mental health and public education officials, parents and other community people providing overall supervision and direction.

What Services Do the Network Centers Provide?

- Testing and evaluation of severely emotionally disturbed infants and children up to fourteen years of age.
- Psychoeducational classes for disturbed preschool and school age children with emphasis on helping the child learn behavioral, communication, socialization and academic skills.
- Consultation and training for parents in planning home routines.
- Extensive program evaluation and staff training to insure effective help for severely emotionally and behaviorally disturbed children.

In addition, a Technical Assistance Office offers a variety of consultation services to the network's Centers. Housed at the psychoeducational center in Athens, it provides help to centers in the development of their treatment and staff training programs, recruitment, and program evaluation.

What Has Been Accomplished by the Network so Far?

In the 13 months since the Georgia Psychoeducational Center Network's inception in July 1972, more than 1200 children and their families received services in the network's first seven centers in Athens, Brunswick, Carrollton, Savannah, Thomasville, Valdosta, and Waycross. In addition, the preschool component of the network's prototype, Rutland Center, in Athens, has been selected by the Bureau of the Educationally Handicapped as an exemplary program worthy of national dissemination.

Eight more community-based centers, to be located in Americus, Dalton, Dublin, Gainesville, Macon, Milledgeville, Rome and Waynesboro, will begin operating in July 1973. This network will serve more than 3000 severely emotionally or behaviorally disturbed children and their families by the end of July 1974.

Where Are We Going from Here?

The Georgia General Assembly has provided enthusiastic financial support for the network, increasing its appropriations substantially during the second year of its operation. Additional centers are now projected to fulfill the network's goal of helping all of Georgia's severely emotionally and behaviorally disturbed children.

General Therapeutic Goals for Each Curriculum Area
At Each Stage of Therapy

	BEHAVIOR	COMMUNICATION	SOCIALIZATION	ACADEMIC SKILLS
STAGE I	To trust own body and skills.	To use words to gain needs.	To trust an adult sufficiently to respond to him	To respond to the environment with processes of classification, discrimination, basic receptive language concepts, and body coordination comparable to the Gesell two year level.
STAGE II	To successfully participate in routines.	To use words to affect others in constructive ways.	To participate in activities with others.	To participate in classroom routines with language concepts of similarities and differences, labels, use, color, numerical processes of ordering and classifying; and body coordination comparable to the Gesell four year level.
STAGE III	To apply individual skills in group processes.	To use words to express oneself in the group.	To find satisfaction in group activities.	To participate in the group with basic expressive language concepts; symbolic representation of experiences and concepts; functional semi-concrete concepts of conservation; and body coordination, comparable to the six year old.
STAGE IV	To contribute individual effort to group success.	To use words to express awareness of relationship between feelings and behavior in self and others.	To participate spontaneously and successfully as a group member.	To successfully use signs and symbols in formalized school work and in group experiences.
STAGE V	To respond to critical life experiences with adaptive-constructive behavior.	To use words to establish and enrich relationships.	To initiate and maintain effective peer group relationships independently.	To successfully use signs and symbols for formalized school experiences and personal enrichment.

Developmental Therapy and
General Curriculum Guidelines by Stages

STAGE I: Responding and Trusting

General Description: Responding to the Environment with Pleasure

Therapist's Role:	Arouser and satisfier of basic needs.
Techniques:	Reflection, controlled vocabulary.
Intervention:	Constant, physical and verbal, caring and arousing.
Environment and Experiences:	Routine constant, luring rather than demanding, stimulating, arousing activities (sensory).
Participation:	5 days/week; 2 hours/day.

STAGE II: Learning Individual Skills

General Description: Responding to the Environment with Success

Therapist's Role:	Consistency, verbal reflector, redirector of old coping behaviors to successful outcomes.
Techniques:	Reflection, helper in achieving success.
Intervention:	Frequent, often physical.
Environment and Experiences:	Activities leading to self-confidence, communication activities; success, free play time, and structured play.
Participation:	4 days/week; 2 hours/day.

STAGE III: Learning Skills for Group Participation

General Description: Applying Individual Skills to Group Procedures

Therapist's Role:	Reflector of feelings and progress; encourager; holder of limits.
Techniques:	Reflection of feelings; predictability; frequent verbal intervention, consistency.
Intervention:	Frequent, verbal.
Environment and Experiences:	Focus on rules; focus on group; focus on consequences of behavior; approximate real life as much as a group can tolerate; predictable structure; sharing.
Participation:	3/4 days/week; 1½-2 hours/day.

STAGE IV: Investing in Group Processes

General Description: Valuing One's Group

Therapist's Role:	Reflector of reality and success; creative group leader.
Techniques:	Reality reflection, individual LSI, group discussions aimed at problem solving.
Intervention:	Intermittant, approximating real life.
Environment and Experiences:	Approximately real life with normal expectations; emphasis on learning experiences, unsimulated normal expectations, role play, field trips.
Participation:	2-3 days/week; 1-1½ hours/day.

STAGE V: Generalizing and Valuing

General Description: Applying Individual/ Group Skills in New Situations

Therapist's Role:	Counselor, teacher, consultant.
Techniques:	Normal expectations; relationships between feelings, behaviors and consequences.
Intervention:	Infrequent.
Environment and Experiences:	Group directed activities; real life experiences; role playing of problem situations; independent skill building.
Participation:	1-2 days (Rutland Center or School)/week; 1-1½ hours/day.

Voluntary agencies have pioneered in preschool programs and in moving handicapped children into programs with normal children. They have utilized a variety of program models including the home-based model and are a resource which could and should be used in implementing Head Start policy. A brief description of 10 Voluntary Agencies represented at the conference follows. For more information, write directly to the address listed.

AMERICAN ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, AND RECREATION
1201 16th Street, N.W.
Washington, D.C. 20036

- A national organization to support and provide guidance for personnel who are developing and conducting school and community programs in health education, physical education and recreation.
- One unit is Programs for the Handicapped which is designed to provide leadership preparation, research and distribution of materials for all areas of adapted physical education, therapeutic recreation, and health and safety problems of the handicapped.

AMERICAN FOUNDATION FOR THE BLIND
15 West 16th Street
New York, New York 10011

- Serves as clearinghouse on all pertinent information about blindness.
- Manufacture and sale of special aids and appliances for use of blind children.
- Strongly support "mainstreaming" of handicapped children. Teachers do not always need special skills or equipment. It is important that the child learn through his experience with other children.
- Participants were invited to make use of local agencies that are accustomed to serving the blind.
- A directory of agencies serving the blind is available from the American Foundation for the Blind, 15 West 16th Street, New York City, New York 10011.
- Publications include, AFB Newsletter, New Outlook for the Blind, and Talking Book Topics.

AMERICAN SPEECH & HEARING ASSOCIATION
9030 Old Georgetown Road
Washington, D.C. 20014

- A scientific and professional organization which encourages scientific study of the processes of speech and hearing.
- Fosters improvement, therapeutic procedures.
- Stimulates the exchange and dissemination of information.
- Publications include, Journal of Speech and Hearing Disorders, Journal of Speech and Hearing Research, and ASHA Journal.

COUNCIL FOR EXCEPTIONAL CHILDREN
1411 South Jefferson Davis Highway
Suite 900
Arlington, Virginia 22202

- Works to promote adequate education of handicapped and gifted children through cooperation with educational and other organizations and individuals.
- Chapters organized at local and state levels.

- Initiated considerable activity in the area of early childhood handicapped children.
- Includes the ERIC Clearinghouse for Exceptional Children which can provide resources and information for Head Start personnel working with handicapped children.
- Publications include, Exceptional Children, Education and Training of the Mentally Retarded, Teaching Exceptional Children, and Exceptional Child Education Abstracts.

EPILEPSY FOUNDATION OF AMERICA
1828 L Street, N.W.
Washington, D.C. 20036

- Furthers understanding of the problems of persons with epilepsy.
- Provides assistance and counseling through state and local affiliates (over 102 across the country).
- Operates School Alert Program in local chapters to aid in integrating epileptic children.
- Publications include monthly newsletter, National Spokesman, and brochures and pamphlets.

NATIONAL ASSOCIATION FOR MENTAL HEALTH, INC.
1800 North Kent Street
Arlington, Virginia 22209

- Coordinates citizens' voluntary organizations working for improved care and treatment of the mentally ill and handicapped.
- Searching for improved methods of prevention, detection, diagnosis and treatment of mental illness and handicaps.
- Publications include, monographs, pamphlets and periodical called Mental Hygiene.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
1522 K. Street, N.W.
Washington, D.C. 20006

- Helps to advance the welfare of mentally retarded of all ages.
- Over 1,500 state and local units.
- Can provide training to reduce the anxiety on the part of Head Start staff and parents of normal children.
- NARC has a liaison with HEW in every HEW region.
- There is a directory of regional, state and local associations for retarded children.
- NARC also serves as a lobbying group.
- Publishes Mental Retardation News.

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS
20 E Street, N.W.
Washington, D.C. 20006

- Clearinghouse on legislation and federal programs relating to mental health.
- Acts as liaison between the 54 State Commissioners of Mental Health.
- Disseminates information concerning mental health.
- Conducts research into mental health.
- Coordinates state and federal efforts in the area of mental health.

NATIONAL EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS
2023 West Ogden Avenue
Chicago, Illinois 60612

The National Easter Seal Society for Crippled Children and Adults has over 800 service locations including 83 preschool programs and 350 rehabilitation facilities. Children of all disability groups are served. In 1972, over 30,000 children from 0 to 5 years were served.

The Society offers a wide range of services including

- therapy,

- preschool programs,
- diagnostic assessment,
- recreation activities, and
- referral and follow-up.

Several publications were mentioned as valuable, such as Guide to Preschool Program for Children with Developmental Disabilities, Teaching Helps, and a Directory of Services.

UNITED CEREBRAL PALSY ASSOCIATION
66 East 34th Street
New York, New York 10017

- Over 300 state and local affiliates.
- Promotes research in treatment, education and rehabilitation of persons with cerebral palsy.
- Educates the public concerning all aspects of the problems of cerebral palsy.
- Promotes better and more adequate techniques and facilities for diagnosis and treatment.
- Cooperates with government and private agencies concerned with the welfare of the handicapped.
- Publications include The UCP Crusader, and professional literature.

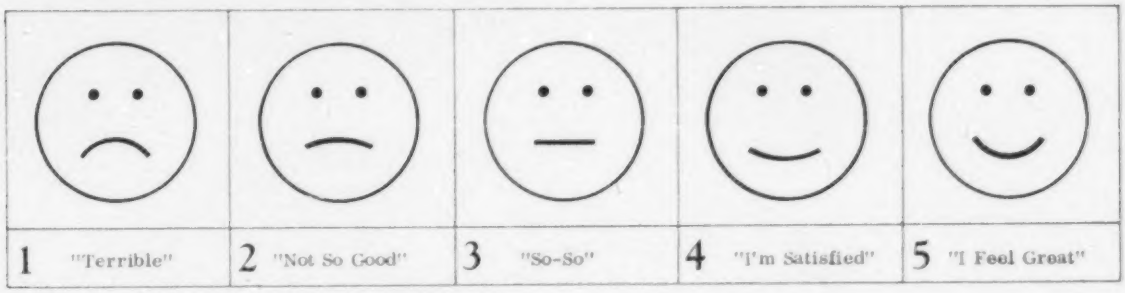
3 - PARTICIPANT EVALUATION AND FEEDBACK

PARTICIPANT EVALUATION AND FEEDBACK

At the conclusion of the three-day meeting, participants were invited to submit their reactions on evaluation forms. The responses indicated a general opinion that the workshop was productive and beneficial.

In an attempt to encourage candid answers, the questions were presented in rather informal fashion. For example, the first question was posed in this way:

> How do you feel right this minute? (Circle number under appropriate face.)



1 "Terrible"	2 "Not So Good"	3 "So-So"	4 "I'm Satisfied"	5 "I Feel Great"

List the reasons why you feel that way.

The participants' overall feelings about the three-day meeting, as indicated by the face chosen, fell into the following categories:

1. Terrible
2. Not So Good
3. So-So
4. I'm Satisfied
5. I Feel Great

There were no responses in the first, or most negative, category. In the "not-so-good" column, the most representative comment cited "realization of lack of coordination at national, state, and local levels."

"So-so" remarks included these:

- "Voluntary agencies given too subordinate a role."
- "More discussion needed by federal personnel on regulations."
- "Special education agencies should have taken the lead."
- "Not enough time."

Essential satisfaction with the meeting was expressed in several ways:

- "Much new information gained; most questions answered."
- "Good liaison created; people from various agencies at least talked together."
- "Received the kind of information that will be useful."
- "Satisfactory progress made in Regional setting where in the future the work will be done."
- "Found there were sources of assistance available."
- "Received lots of information regarding handicapped."
- "Time should be allotted in future to regroup and assimilate materials and information."
- "Films and slides were great."
- "Acquired new friends and clarification on OCD policy."
- "Established positive contact with OCD Regional staff."

The most enthusiastic assessments included these remarks:

- "I realize now that every other person faced with beginning an experimental program had some of the concerns, anxieties and fears that we have."
- "Good ideas for future training; felt some personal input was useful."
- "Many helpful people, friendly and professional."
- "Meeting dealt with specific needs of Regional and local agencies."
- "Opportunity to interact and exchange ideas--and people listened."

Other questions elicited additional responses, including indications that many participants had been stimulated to try new approaches to their programs upon their return home.

APPENDIX A

FILMS USED IN THE NATIONAL TRAINING WORKSHOP
ON
HEAD START SERVICES TO HANDICAPPED CHILDREN

- "A Child Is a Child"

  Molly C. Gorelick, Ed. D.
  Preschool Laboratory Project
  California State University, Northridge
  18111 Nordhoff Street
  Building J-1
  Northridge, California 91324

- "Everybody's Different"

  Ripples Series, time: 14:30, No. 605
  National Instructional Television Center
  Box A
  Bloomington, Indiana 47401

- Mr. Rogers Videotape Episodes on
  "Crissy, a Physically Handicapped Child"

  Number 451
  Station WQED
  4802 Fifth Avenue
  Pittsburgh, Pennsylvania 15213

- "The Little Boy"

  Little Boys Ltd.
  109 South Fayette
  Carthage, Illinois 62321

- "We Can Grow"

  ACI Films Inc.
  Distribution Center
  P.O. Box 1898
  12 Jules Lane
  New Brunswick, New Jersey 08902

APPENDIX B

List of Participants
Total Number Attending: 172

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